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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE
THEATRE OF ANATOMY AND MEDICINE, WEBB-STREET, SOUTHWARK.
BY
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INFLAMMATION (concluded):—*Treatment of inflammation; its division into general and local; each of these heads considered. Mode of action of blood-letting explained. New method of determining, with accuracy, the quantity of blood which should be drawn in inflammation. Use of tartrate of antimony in inflammation. Practice of Rasori and Laennec, Mercury; its great efficacy in inflammation. Observations of Dr. Farre. Colchicum. Local blood-letting when employed. Action of cold and heat on inflamed parts. Nitrate of silver; its great efficacy in cases of erysipelas, and in arresting inflammation. Notice of some additional remedies; the ice-cap; the ammoniacal liniment; the spirit lotion.*

GENTLEMEN:—I now conduct you to the ultimate object of all our present inquiries:—

XIV. *The Treatment of Inflammation.*

The remedies for inflammation may be divided into those which act through the *general system*, and those which act upon the *part* affected.

To the *first* class belong—

1. *Blood-letting*, viz.:
    1. *Venesection.*
    2. *Arteriotomy.*
2. *Emetics, and, especially, the Tartrate of Antimony.*
3. *Mercury.*
4. *Colchicum.*

To the *second* class belong—

1. *Local Blood-letting*, viz.:
    1. *Leeches.*
    2. *Cupping.*
2. *The Division of the Part.*
3. *Cold Lotions.*
4. *Fomentations; Cataplasms.*
5. *Blisters; Rubefacients.*
6. *The Nitrate of Silver.*

We have only to recall to mind the state of things in inflammation, to appreciate the value, and to understand the mode of action of blood-letting; the augmented action of the heart and larger arteries; the distended and excited condition of the minute arteries, are subdued; the *vis a tergo* being removed, the crowded, adherent, and stagnant blood-globules, in the capillaries, are set at liberty, and *reflow* into the current of the general circulation, as I have seen repeatedly in the web of the frog; the veins are relieved in their turn, and, in a word, the augmented circulation in the whole part is relieved. The column of the circulating blood is diminished in quantity and in its vis a tergo; the system of vessels is relieved, and the dilated arteries, and capillaries, and veins (?) contract.

Blood-letting is so important, so powerful a remedy, so replete with consequences, both good and evil, according as it is well or ill applied, and I have made, as I believe, such improvement in its mode of exhibition, that I propose to enter at great length upon this subject. Part of what I have to say, must be said now, in connection with the subject of inflammation: but part must be reserved for another entire lecture on blood-letting.

The great difficulty is to ascertain, when we have determined upon the institution of blood-letting, *how much* or *how little* blood shall be withdrawn. Where, where can you learn this? In what book?—in what lectures? Shall we take ten, or fifteen, or twenty, or twenty-five, or thirty ounces of blood?—or more? It may be said that, if the patient be young and robust, and if the disease be violent, we take much blood; but if the patient be feeble, and the disease slight, we take little. But *how* much? and *how* little? are still the questions,—to which I know of no answer in medical writings or lectures.

Now it is precisely to determine these questions, which are questions of life and

death, that I have a proposition to lay before you, of the utmost value, in many, many points of view. The proposition applies to *every* case in which it is required *to bleed the patient fully;* that is, to the extent the system may bear and the disease require. It is full of safety, guiding us in the use of the lancet, and guarding us, at once, against excessive and inefficient blood-letting.

The plan I propose is this:—

Place the patient perfectly upright, in the sitting posture, and desire him to look towards the ceiling of the room; having previously prepared the arm, let the blood flow to the most incipient syncope.

If the patient be strong, and the inflammation be seated in the serous membranes, or parenchymatous substance of organs, and severe, *much* blood will flow; if the patient be feeble, and the inflammation be seated in the mucous membranes, and be moderate in extent and degree, *little* blood will flow, and not only this, but precisely *as* much and *as* little as the case requires, and the patient can safely bear to lose.

This is the plan, then, which I recommend you to adopt. Determine the first question,—that the case requires the *full* detraction of blood, by the history, the symptoms, by the *diagnosis*; then adopt the mode of blood-letting which I have described, and all will be safe. You will often take *more*, and often *less*, than you would have done under the former system of *guessing*, but you will always take the proper quantity; you will not allow the the disease to proceed, unchecked, for want of the due use of the remedy; and you will not sink your patient by carrying it to excess.

But this is not all; for by the very quantity of blood which has been drawn, you will learn much relatively to the actual powers of the patient, and the degree and nature of the disease—much of a practical kind of diagnosis.

Nay, you will be much guided, in connection with the subsequent state of the patient, and by the previous duration of the actual symptoms of the disease, as to the *repetition* of the remedy,—another most important point.

If *much* blood has flowed before incipient syncope has been induced, revisit your patient *soon;* you will probably have to repeat the blood-letting in consequence of the severity of the disease, especially if you were not called in early in the first instance. If, on the contrary, *little* blood has flowed, neither does the disease require, nor would the patient bear, further general depletion. Is not this an interesting and important piece of information? And is it to be found in medical writings or lectures? No; for even now, many years since the rule was first suggested in my work on blood-letting, it remains, either from inattention or jealousy, neglected, and unapplied in practice, except by a few. But *you* will appreciate it duly, you will adopt it in your future career of practice, and will, in many a case of an anxious nature, think of me with satisfaction, and, I trust, with some warmer feeling. I consider the rule for the administration of blood-letting, which I have laid before you, as the most important for conducting with safety the use of a powerful remedy in the whole range of the practice of medicine; and I deem myself happy in being its discoverer and promulgator. Would we had a similar rule and guide in the use of *all* our plans of treatment, fraught, as they often are, with good or ill, according as they are applied with or without judgment and skill.

Next to blood-letting, as a remedy in a acute inflammation, must rank *emetics*, and especially the *tartrate of antimony*. First introduced into practice by Sig. Rasori, it was afterwards adopted and recommended by the illustrious Laennec.

From one to two grains are given in two or three ounces of water. Nausea and vomiting, and, perhaps, purging, are generally induced. In two, four, or six hours, the dose is repeated, with the effect of inducing less nausea and vomiting. At length it is repeated without inducing nausea or vomiting at all. This is termed *tolerance* of the remedy.

Meantime the disease subsides in the favourable cases. It was first given in pneumonia, both by Rasori and Laennec. The latter physician recommended it in the highest terms, and extends its use to other inflammations, as arachnitis, pleuritis, peritonitis.

The contra-indication to its use, is, the want of the establishment of *tolerance*. If the patient continues to vomit, or if he be affected with hypercatharsis, it is to be discontinued.

Laennec observes—"From the moment that I detect pneumonia, if the patient be in a condition to bear the loss of blood, I prescribe the abstraction of six or eight ounces from the arm. I rarely repeat the venesection, except in cases in which there is disease of the heart, or the threatening of apoplexy, or other congestion of blood. I have even cured several cases of pneumonia, very rapidly, without having recourse to blood-letting. But I generally premise this remedy, as does also Sig. Rasori, except in cases of cachexia or debility. I regard blood-letting as a means of arresting the inflammatory orgasm, and of obtaining time for the action of the tartrate of antimony.

"Immediately after the blood-letting, I give a first dose of one grain of tartrate of antimony in two ounces and a half of infusion of orange flowers, and half an ounce of syrup. I repeat the dose every two

hours, until six doses have been taken, and then, if the symptoms be not severe, and if the patient be disposed to sleep, I allow him a respite of seven or eight hours.

"But if the pneumonia be advanced, if the oppression be great, if the head be affected, if both lungs, or the whole of one lung, be inflamed, I continue the remedy until the disease be abated. If several of these morbid conditions be combined in the same case, I augment the dose to one grain and a half, two grains, or even two grains and a half."

Many patients experience neither vomiting nor purging. More frequently, however, they are sick twice or thrice, and have five or six evacuations during the first day, but the first day only. When *tolerance* of the remedy is established, according to the phrase of Sig. Rasori, it is sometimes necessary even to give mild aperients. It may, however, be necessary, on the contrary, to add syrup of poppy to the antimonial draught.

Sometimes the amendment in the symptoms, and in the stethoscopic signs, is obvious in the space of forty-eight, twenty-four, or even two or three hours. This amendment occurs at all periods of the disease; and it is always progressive. It is in this latter point of view that the advantage of the tartrate of antimony over blood-letting, even when repeated, is most marked.

Laennec gives a glowing account of the efficacy of this mode of treatment in pneumonia, and of its advantages over blood-letting. It is proper to add, however, that M. Bouillaud has recently denied this superiority.

Laennec adds,—"I continue the use of the tartrate of antimony as long as the tolerance of the remedy and the existence of the crepitant rattle continue. This tolerance sometimes continues during the convalescence, and the patient has a good appetite, though he be taking six, nine, or even eighteen grains of the tartrate daily."

Laennec assures us that he has never witnessed any very painful or dangerous effects from this mode of giving the tartrate of antimony.

Laennec has tried the tartrate of antimony in other inflammatory diseases besides pneumonia:—

1. "In inflammations of the serous membranes, and especially in *pleuritis*, the antimony is rarely 'heroic,' and only when the disease is very acute. It subdues the inflammatory action; but when the fever and pain have ceased, the effusion is not absorbed more rapidly by its means.

2. "I have not," adds Laennec, "tried the antimony in *peritonitis*, and I shall not readily do so, since the mercurial frictions carried rapidly to salivation, after one or two applications of leeches, appear to be the most successful remedy in this disease.

4. "In forty-eight hours the tartrate of antimony removed a disease having all the symptoms of acute *arachnitis*. The same happy result was observed in three cases of acute *hydrocephalus*."

I now proceed to treat of another important remedy in inflammation, viz., *mercury*.

Next to blood-letting, mercury seems to be our principal remedy in inflammation, and especially in inflammation of the serous membranes, of the larynx and trachea, and of the iris.

I shall now proceed to describe the peculiar influence of mercury. This medicine was first proposed, as a remedy for inflammation, by the late Dr. Hamilton, of Lynn Regis. Its powers as a remedy in various inflammatory diseases have been more recently investigated by Dr. Farre.

Dr. Farre observes, in an interesting letter to Mr. Travers,—"We are mainly indebted to John Hunter for directing our attention to the action of the capillary arteries, a knowledge essential to medicine and surgery, considered as a science. To be able to present to the mind the actual condition of the capillary arteries of an inflamed organ, and the changes which are taking place at their extremities, is to know the disease; and to be able to alter, to regulate, and to control that action by remedies, is to cure it. Whilst the principal tendency of that series of remedies, which we comprise under the received term, antiphlogistic, from general blood-letting downwards, is to diminish the force of the heart and arteries, it is in a peculiar manner the operation of mercury on the whole capillary arterial system to change its action, but not indefinitely. The gentlest action of mercury is to correct and restore the secretions proper to the alimentary canal to their natural condition; and, as by a charm, to dissolve the functional disorder of distant organs sympathizing with the first passages. This is an operation which so exactly accords with the intention of Nature, that no morbid actions ought to result from the remedy itself when thus used. But it is quite another thing when it is necessary to arrest organic disease. The remedy itself produces a train of morbid actions. Not to dwell on what is well known, suffer me to direct your attention to the condition of the extreme arteries when fully excited by mercury. It is an erythema—an action which essentially weakens the cohesion of parts; but the adhesive inflammation is so exactly opposed to this, that both cannot be the result of mercurial action. From the moment that I commenced the study of morbid anatomy, I directed my attention to the adhesive inflammation, because it opened to my view the most usual process of disorganization of the viscera.

"I had been led, from repeated observation of the adhesive inflammation of various textures being cured by the mercurial ac-

tion, to receive it as one of the *general laws* of its operation to change that arterial action on which the effusion of coagulable lymph depends, and consequently to arrest all the subsequent changes which flow from this process. Doubtless, there are exceptions to this general law. The class of tumours, properly so called, form an immense and lamentable exception to it; and scrofula, in the same proportion that it has impaired the restorative powers of the constitution, forms another not less considerable. The extent and duration of the adhesive inflammation itself, forms a third; for all reasonable expectation of success, even from the use of the most powerful remedy, is founded on, and pre-supposes a structure perfect enough to effect the salutary changes; but it is the actual organization of the part which suffers by the continuance of this process, and thus unfits it to effect them.

"Is iritis an example of pure adhesive inflammation?—I consider that it is; for, if the case be left to Nature, this is its tendency and termination.

"Is the mercurial action an erythema or an adhesive inflammation of those parts on which it falls?—If the former, which I believe it to be, no two actions can be more opposed.

"Are sloughing ulcers cured or aggravated by the mercurial action in which the establishment of adhesive or phlegmonous inflammation is essential to the preservation of the part? Accept an example or two. Mr. B. was under mercurial action for a chancre on the glans penis; an erythematous inflammation surrounded the ulcer, and the part sloughed; contiguous portions of the glans died successively. As soon as, this destructive inflammation was set up, the further use of mercury was suspended, and two ounces of the powder of the best Peruvian bark was given daily. The granulating process was established before the whole of the glans was lost. You know that mercury would never have occasioned the deposition of lymph, nor the organization of that lymph, so as to heal by granulation in this alarming case. A child was brought to me with one eye lost by slough, and the other inflamed, with nothing remarkable in its appearance except a small opaque yellowish spot on the cornea. A mild antiphlogistic treatment was prescribed; but just before the patient was dismissed, the mother told me that the child had some sores about the pudendum and nates. On examination, several small ulcers appeared, all of which were in a sloughing condition. This served me as a key to the condition of the capillary arteries. The extract of the bark was freely given. In eight and forty hours every ulcer on the body had a clean surface. The ophthalmia declined, and the eye was saved. Need I ask you what would have been the effect of the mercurial action in this case?

"I have uniformly regarded the mercurial action as one of the most effectual means of arresting the disorganizing process of adhesive inflammation, whether of the iris or of any other texture of the body. To the liver in this state of disease (hepatitis), it has been long applied, except that some have had their fears about commencing it too early, and through this delay have probably lost the opportunity of preventing suppuration. In cynanche trachealis it has been more recently used with success. In the last stage of marasmus, from nodes of the large bones, I applied it with success in 1805, and since that period, with equal success, to adhesive inflammation of the pericranium, both where it has been entitled pseudo-syphilitic, and where it was neither syphilitic, nor bearing any resemblance to syphilis; before and since that period, with marked advantage, in arterial congestion, and even in organic changes of the brain; in 1809, successfully in carditis from acute rheumatism; and, since that period, in chronic carditis."

Mr. Travers remarks,—"Whether the mercurial action is always restricted to the state denominated erythema, and never advances to the adhesive stage of inflammation, is a point which I cannot take upon myself to decide." He adds,

"Since this paper was written, I attended an elderly lady, the subject of iritis of the right eye, cutaneous eruptions, and rheumatic pains, which yielded readily to a very slight ptyalism. Three weeks after the cure of the iritis, she was attacked with an inflammation, precisely resembling the former, in the left eye; and, notwithstandieg a slight paralytic affection of the right side, I persisted in the plan before pursued, diminishing the quantity of mercury one half, and at the same time exhibiting a light tonic; the inflammation yielded as speedily as before.

"Whether sloughing sores are cured or aggravated by mercury, is an inquiry to which it is not difficult to reply, but which does not appear to me to be fairly connected with the question at issue. It will not be denied that ulcers often granulate, even luxuriantly, under the mercurial action. I have seen a rapidly destructive ulcer on the penis arrested by mercury, to which bark gave no check; but opium is a remedy on which I place more reliance in progressive sloughing."

The general result of my own observations relative to the use of mercury in inflammatory diseases is this:—Conjoined with active depletion, it is invaluable—1, in acute inflammation of the serous membranes, of the larynx, of the trachea, &c.; 2, in acute inflammations partially but not entirely subdued; 3, in chronic inflammations uncomplicated with the tuberculous diathesis.

Prompt and decided ptyalism must be produced, and kept up until the symptoms have subsided. I have seen meningitis, pleuritis, peritonitis, laryngitis, effectually removed by this important remedy.

The subject of the general treatment of inflammation would not be complete, if I did not mention *colchicum*, as a remedy in this disease. Colchicum seems to have a peculiar power in subduing arthritis and rheumatism; but it has been tried, with success, in other cases of inflammatory disease. It must be *cautiously* given, so as to induce slight nausea and catharsis.

Topical blood-letting is useful,—

1. When general blood-letting has been used fully, and when, from previous loss of time, the inflammation is not quite subdued.

2. In cases of *chronic* inflammation.

Leeches draw blood slowly; cupping acts more promptly, empties deeper-seated vessels, and acts on the principle of counter-irritation, and is, therefore, a far more powerful remedy than leeches.

I would make one remark relative to cupping. I have known it do injury *mechanically*, if applied immediately over certain inflamed organs. In reference to the kidney, for example, in one case I observed the urine to become more albuminous *just after* each application of the cupping instruments, though less so than before, *generally*, from the use of the remedy. The scarificator, and the glasses should be applied just above, or just below, the inflamed organ.

The scarificator may be applied and *crossed*, if it be desired to produce more counter-irritation than usual.

The *division* of the inflamed part is an exceedingly efficacious remedy in inflammation, when it can be performed, as in *inflammation of the tonsils, erysipelas, carbuncle, &c.*

The *cold lotions* subdue the action of the minute arteries; *cataplasms* and *fomentations* appear to act by relaxing the integuments and textures generally, and so diminishing the degree of *tension* in the inflamed part.

Blisters and *rubefacients* are principally applicable to cases of *chronic* inflammation, and are usually combined with rubbing, the use of the part, &c.

Lastly, the profession is much indebted to Mr. Higginbottom, for introducing to their notice a *new antiphlogistic* remedy, in the nitrate of silver. No remedy has so thoroughly sustained its reputation on trial. Lightly passed over and beyond the moistened surface of inflamed parts, as in paronychia, erysipelas, inflamed absorbents; wounds, punctured, lacerated, or bruised; the nitrate of silver acts in a manner quite extraordinary in subduing the morbid actions. Duly applied in variola, over and beyond the pustule, it prevents the sloughing which leads to the pitting sometimes so distressing in this disease.

The extent to which the curative influence of the nitrate of silver may be carried, and the modus operandi of this remedy, are still unknown. Indeed, I think it difficult to estimate the utility of this remedy at its just value. I advise you to procure Mr. Higginbottom's little work; to read it, and pursue the inquiry.

I shall never forget the influence of the application of the nitrate of silver, merely so as to blacken the white, and without giving the slightest pain, in a case of inflammation of the lymphatics along the arm, from the wrist to the axilla, in a little girl who had fallen and abraded the skin of the palm of the hand. In twenty-four hours not a trace of inflammation—not a tender spot remained.

In another case of inflamed lymphatics along the leg and thigh, arising from an ulcerated chilblain of the heel, in which numerous suppurations took place, the spots of inflammation were sometimes *resolved* by the application of the nitrate of silver, and sometimes the pus of the abscesses was rendered aqueous, and exuded through a very small opening, leaving the abscess itself much disposed to contract and heal.

I remember some most interesting cases illustrative of the influence of the nitrate of silver in bounding and subduing *erysipelas* (discovered by Mr. Higginbottom), published by Dr. Elliotson, in THE LANCET, several years ago.

The early and cautious application of the nitrate of silver immediately arrests the painful progress of *paronychia*. Freely applied, it is *the* remedy against dissection wounds.

I shall dismiss this important and interesting subject by requesting your attention to the following *principles*, extracted from Mr. Higginbottom's useful work:—

"I am not aware that the influence of the nitrate of silver, in subduing inflammatory action, has been at all noticed by surgical writers; much less have its unexpected and extraordinary powers, in this respect, been fully ascertained.

That the application of the nitrate of silver should subdue the inflammation of phlegmon, or of a line of inflamed absorbents, arrest the spreading of erysipelas, prevent and modify the formation of pus, are facts, I believe, totally new. I am thus distinct in my statements of the effects of the nitrate of silver, which I am about to describe as the results of my own investigation, because I cannot by any means be supposed to claim, or to have suggested, all the beneficial applications of this useful remedy.

In some cases of external inflammation, it is sufficient merely to blacken the cuticle. How this apparently simple process acts in subduing the inflammatory action, I am quite at a loss to determine. But it is my

object simply to ascertain and state practical facts. It is plain, however, that a chemical union take places between the metallic salt and the animal substance, by which its pores are obliterated, and the action of the external air is excluded.

In other cases it is necessary to induce a degree of vesication. This kind is less irritable than that induced by cantharides, and it has a singular and peculiar effect in subduing the process of inflammation.

In some instances the application of the nitrate of silver has appeared to prevent suppuration. In others, a fluid, obviously felt fluctuating before, has been absorbed; and in others, the pus (which would otherwise have been viscid and opaque, as contrasted with that of similar affections in the same case in which the nitrate of silver had not been applied), is rendered thin and limpid, and, perhaps, streaked with blood, pierces through a smaller orifice, and leaves the abscess in a state more disposed to heal.

It is evident, from these observations, that the influence of this remedy is not confined to the textures constituting the skin, but that it extends more deeply, exerting itself upon the condition of the cellular substance, and even of parts more deeply seated still.

I must be excused for observing, that I consider all these facts, as to the effects of the nitrate of silver applied externally, to be new, whatever was known of its use before. They will be amply established by the cases reserved for the subsequent parts of this essay.

It is still a question, how far the application of the nitrate of silver may be useful in internal inflammation, by inducing prompt vesication over the inflamed part, or even without inducing vesication.

I now proceed to state more particularly the different modes of applying the nitrate of silver, with the view of subduing external inflammation.

It is frequently only necessary to convert the cuticle into an eschar over the inflamed surface.

In other cases the nitrate of silver must be applied more abundantly, so as to induce vesication; the part is first to be washed with soap and water, to remove any oily substance from the skin, and then it is to be wiped dry; the inflamed and surrounding skin is then to be moistened, and a long stick of nitrate of silver is to be passed over the moistened surface, taking care that not only every part of the inflamed skin is touched, but the surrounding healthy skin, to the extent of an inch or more beyond it, in severe cases.

The nitrate of silver may be then passed over these surfaces, once, twice, thrice, or more times, according to the degree of inflammation; once in slight cases, twice or thrice in common cases, and more frequently if quick vesication be required. It is necessary to apply the nitrate of silver more freely on the hand or the sole of the foot, where the cuticle is thick, than on other parts. After the application, the part is to be exposed to the air to dry, and is to be kept cool.

In 24 hours, if the nitrate of silver has been properly applied, it will be most frequently observed that the inflammation has subsided, and its progress been checked; but if there be any inflamed spot left untouched, the patient will complain of it. To every such spot the nitrate of silver must be applied. At this period there is usually a little vesication.

On the third day there is usually more vesication, and less swelling, and the patient complains of a little pain, as of that of a blister; but, on pressure, the part has a puffy feeling, and is found to be quite free from inflammation.

On the fourth day the vesications begin to disappear. It is best to leave them undisturbed; for the dried exudation defends the subjacent cutis.

On the fifth day the vesicated crusts separate, leaving the subjacent parts free from soreness and inflammation. It is sometimes a number of days before the whole of these crusts peel off; but, I believe, it is best to leave them undisturbed.

I have already mentioned that abscesses over which the nitrate of silver has been applied, are left in a state more disposed to heal than similar abscesses in the very same case in which this remedy had not been used."

It would, therefore, appear that the nitrate of silver modifies the action of the parts, so as to induce that form of inflammation which Mr. Hunter has termed the adhesive.

This effect of the nitrate of silver is equally observed in recent wounds, whether incised, punctured, or bruised. In incised wounds, union, by the first intention, is frequently secured by the application of the nitrate of silver on the surrounding cuticle. In punctured wounds union is promoted, and suppuration prevented. In bruised wounds the action of the parts is so modified that their texture is often preserved unbroken; and sloughing, which would otherwise inevitably have taken place, is obviated. The influence of the nitrate of silver in inducing adhesive inflammation is not less obvious in its application to inveterate ulcers.

In neglected punctured wounds, attended by ulceration, pain, swelling, and fungous growths, and in cases in which there would have been destruction of the parts, as in deep-seated inflammation of the finger, the nitrate of silver has a most decided effect in checking the inflammation, in preventing that destruction of parts, and in inducing the healing process.

In ulcers, which are rapidly spreading, attended with severe and extensive inflammation, the nitrate of silver has frequently an immediate effect in subduing the inflammation, and in inducing the healing process.

Before I dismiss the subject of the treatment of inflammation, I wish to bring under your notice several remedies for *internal* inflammation not hitherto mentioned.

1. *The Ice-cap.*

In *arachnitis* great benefit is derived from applying a bladder one-third full of pounded *ice*. It acts as a constant source of cold; and, if it were required, its force might be augmented by adding a little muriate of soda to the ice, by which its solution is greatly accelerated, and the cold produced augmented. It must thus be speedily renewed.

2. *The Ammoniacal Liniment.*

In *chronic bronchitis* I have derived great benefit from the persevering application of a strong liniment, with ammonia, night and morning. It should be continued during many months, if necessary.

3. *The Spirit Lotion.*

In some instances of threatened *phthisis*, in chronic *pleuritis*, *hepatitis*, &c., I have directed the patient to wear a lotion, consisting of two ounces of alcohol, eight of water, with a little eau de Cologne, across the chest, immediately underneath the clavicles. It was directed to be applied by means of six folds of thin linen, in small quantity at a time, but very frequently. I think it has done good. One gentleman called it his breast-plate.

From these observations it will be observed that I estimate very highly the investigation into the properties and application of *remedies*. In this department Dr. Elliotson has laboured with indefatigable industry. It is, after all, *the end* we all propose to ourselves in our studies in the *practice* of medicine.

I must reserve the subject of inflammation as a *cure* for other diseases, for my next lecture.

SALE OF PROFESSOR LAUTH'S LIBRARY.—The sale of this celebrated anatomist's library, which contains more than 3000 volumes, will commence on the 13th instant, at Strasburg. This sale presents a favourable opportunity to the cultivators of German medical literature, of obtaining German works upon every branch of medical science. We have received a copy of the catalogue from Mr. Henry Kernot, Greek-street.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS;
NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE
BY
GEORGE G. SIGMOND, M.D.

MERCURY:—*Experiments of the earlier alchemists. History of the metal. Researches of the Arabians. First employment of mercury in medicine. Physical properties of the metal. Difficulty of freezing it. Its uniform dilatation and volatility. Examination of the various ores of mercury. Effects of mercury upon miners. Mercury sometimes employed instead of sulphur in the cure of itch. The effects produced upon mirror-silverers. Operation of mercury in a crude state. Its early employment in this form; examples drawn from the court of Charles the Second. Dr. Dover's practice. Death produced by crude mercury. Preparation of the pillula mercurialis, or blue pill. Mr. Abernethy's opinions on the use of blue pill. Mr. Hamilton's employment of purgatives. Effects of calomel, when injudiciously given, considered.*

GENTLEMEN:—No substance with which man has been furnished by the bountiful hand of Nature, has undergone more strict scrutiny than mercury. It has been investigated with the greatest ardour, and with the fondest expectation of obtaining from it the most unbounded sources of riches and of health. The earlier alchemists tormented this metal in the most absurd and ridiculous manner, it was the unceasing object of their examinations. Not only, according to them, was gold, and, indeed, every metal formed from this principle, but it entered into the composition of all beings; it was one of the elements of Nature, and even intimately connected with the soul of man. The grand object of the adepts was the fixation of mercury; this was the *summum magnum* of all their labours; extravagant, however, as were the follies, and the theories in which they indulged, we owe our knowledge of some of the most important facts in arts and in the sciences to their unwearied and indefatigable exertions. This beautiful and singularly endowed metal is now familiar to us in all its properties. The chemical physicians at an early period availed themselves of the knowledge which had been acquired, and, by a number of pharmaceutical preparations, have obtained from it a fresh source of power in the cure and alleviation of disease.

Previous to the researches of the Arabians, little appears to have been known of mercury. Dioscorides and Pliny both speak of it as well known in their time. Dioscorides, indeed, furnishes us with the method pursued of obtaining it by sublimation from cinnabar. It is the first mention we have of a process which ultimately led to that of distillation. Theophrastus speaks, too, of cinnabar; but their knowledge of it was very imperfect, and, though used externally in medicine, it was deemed a virulent poison, an opinion that Pliny entertained and promulgated.

The Arabians, who seem to have applied chemical preparations to the cure of disease before any other persons, were very inquisitive as to the properties of mercury. The learned Geber, the patriarch of chemistry, who lived during the eighth century, believed all metals compounds of mercury and silver, but this was not his own opinion, it is that which he says he derives from the ancients. Others of the Arabians believed that mercury formed the philosopher's stone, which secured man from disease, and gave him immortality. The Liber Trium Verborum, which, with the book of investigation, and the will of Geber, and a work "De Congelatione et Conglutinatione Mineralium" of Avicenna has been translated into Latin from the manuscript in the Vatican Library; from this and "De Perfectione Magesterii," we learn that they were, at that time, acquainted with many of the properties of mercury; that they knew how to form corrosive sublimate, and that some imperfect knowledge of its powers had been obtained. Geber describes the affinities of this metal for the other metals, and gives a formula for the making the red oxide.

To Basil Valentine has been attributed the first employment of mercury, as well as antimony; but it was that great and extraordinary man, Paracelsus, who first taught physicians the use of chemical medicines and of chemical inquiries. He burst the fetters which enslaved medical men; he overthrew the throne on which an idol had been placed, and, in its stead, elevated the divinity which we now adore, as the emblem of truth. This great reformer, whom it has been the fashion for the lovers of antiquity, to revile and to laugh at, and whose works they have not deigned to examine, first boldly recommended mercury, and, by the loudest encomiums, drew general attention to its powers; by the successful cures he effected by it, he overcame much of the prejudice against it, though singularly enough, even to this hour, there are many who entertain the most decided hostility against it, and who, almost without being aware of it, are using at this day the same arguments against one of the most valuable, most certain, and most efficacious remedies we possess, if properly administered, and raising the same objections which the lovers of the Galenical prescriptions of the older schools formerly employed. Mercury, capable of being rendered an invaluable treasure in the science of medicine, has been, and again will be, the curse of the sick, if all that belongs to it is not thoroughly known. If the ardour that was evinced for it, as the element of the philosopher's stone, had been directed to it as a cure for disease, man would not have undergone much of the misery he has had, from ignorance and credulity, to encounter.

Mercury in its pure state is always fluid, and from this circumstance, together with its likeness to silver, it has obtained different names expressive of these characteristics; hence the English word quicksilver, or living silver, and the Greek name hydrargyrum, or watery silver. It is the most brilliant and shining of the metals. Its divisibility has always been the subject of observation. Liebnecht, by striking a globule of mercury six lines in diameter, distributed it into such extremely minute globules, that by a microscope he could see one hundred million of them. It is of great weight, 200 being its proportional, and is at the same time very volatile. It was supposed capable of imparting its own characteristic properties to other metals. For a long time it was imagined that it could not be rendered solid by any degree of cold, and as late as the days of Boerhaave this was asserted in his "Elements of Chemistry;" it, however, was proved to be erroneous by Professor Braun, who, on the 14th of December, 1759, availing himself of an intense degree of natural cold, augmented it still further by fuming nitrous acid and pounded ice. An account of a treatise in Latin, presented to the Royal Society by William Watson, M.D., is to be found in the "Philosophical Transactions," in the fifty-second volume, describing this process. It was at an extraordinary degree of cold below zero that the academicians broke the glass bulb of the thermometer, finding that the mercury was stationary; it was congealed, and formed a solid mass, possessing a certain degree of ductility. It was susceptible of being extended by the hammer; at each blow, however, the metal melted, and ran into globules, in consequence of the internal caloric becoming developed by the pressure. This result surprised the philosophers, who had generally imagined that the point of mercurial congelation must have been at least 500 degrees below the zero of Fahrenheit, and scarcely any one had ventured to imagine that it was one short of 100.

Mr. Thomas Hutchins performed a number of experiments, under the direction of the Royal Society, at Hudson's Bay in the year 1783, by which it was ascertained

that quicksilver freezes in a degree of cold not exceeding that which occurs in the Northern parts of Europe, and the point now generally stated is about 40 degrees below zero. On the 7th of February, 1799, my distinguished friend, Mr. Pepys, who retains the same love of science that marked his early career, assisted by some of his chemical friends, congealed fifty-six pounds of mercury into a solid mass by a mixture of muriate of lime, and of uncompressed snow in equal weights. Owing to an accident this mass was broken, the larger portions remained some minutes unchanged before they melted, whilst some of the smaller fragments were capable of being twisted into various forms; but Mr. Pepys found much difficulty in handling them; and on laying hold of a large mass of the solid mercury he experienced a sensation very similar to that which a solid instrument inflicts, and compares it to that which is produced by a red-hot iron. He was not a little alarmed when, on examining the part of the hand which had been in contact with the metal, he found it quite white, and apparently dead, and that it had lost all sensation. From this state, however, it very soon recovered. When a similar experiment took place at the Polytechnic School, in Paris, the mercury was enclosed in bulbs of thin glass, and when the congelation occurred, the individual who held the tube in his hand felt a concussion, a phenomenon which also happens when phosphorus becomes solid; a crystallization into very small octahedrons was the result, and this Pelletier placed in the hollow of his hand; he immediately experienced pain similar to that which a burn produces, and the skin exhibited a white spot, which afterwards became red, and so continued for several days. It is the singular property which mercury possesses of suddenly contracting, which is the cause of the shock that is felt. As this liquid metal does not attach itself to bodies that are wetted by water, by oil, or other liquids, the dryness of mercury has obtained much attention, but it is accounted for by the little attraction these bodies have for that surface.

Some of the characteristics of mercury are peculiarly striking. Thus, it always assumes the form of globules, perfectly round; hence its round surface was long a source of error in barometrical surveys, and which was obviated by Cassebois. Its power as a conductor of caloric is very remarkable. If a red-hot iron be plunged into quicksilver, it instantaneously loses its redness, even much more quickly than when immersed in water. Its dilation by caloric is so uniform, that we are enabled to ascertain, with the utmost precision, the force of heat, and hence are enabled to construct such perfect thermometers. Its volatility and extreme expansion by heat are such, that it bursts every obstacle. Two examples of this are related, one by Hellot, where a quantity was inclosed in a well-soldered globe of iron, which was thrown into a fire; but scarcely had it become red-hot when the mercury burst its receptacle with tremendous noise, and quickly flew out of sight. The other occurred in the house of the celebrated Geoffroy. An alchemist, who proposed to fix mercury, inclosed a quantity in a ball of iron, which he inclosed in several other similar spheres, each larger than the other; he secured them all by very strong hoops of iron, and then threw the whole body into a furnace; but after a short time the mercury burst through all these inclosures, and hurled the fragments of iron with such force that they penetrated the walls and partitions like bomb-shells. Another marked property of the metal is its phosphorescence. As the celebrated Picard was carrying home from the observatory, at Paris, during a very dark night, a barometer, he was struck with the luminous sparks that were emitted from it, owing to the shaking of the tube during the action of walking; but strange to relate, several barometers were tried, but none of them seemed to possess the same singular power, but one that belonged to the immortal Cassini This was in 1675: the journals of the day noticed it; but it was forgotten until Bernouilli wrote a treatise, "De Mercurio Lucenti in Vacuo," and pointed out that luminous barometers might be formed. Leibnitz, Gravesande, and others, investigated the subject, and many ingenious applications were proposed, but the property was discovered not always to be constant; that it varied in hot and dry weather; and it is now believed to be an electrical phenomenon, produced by the friction of the metal against glass.

There are four well ascertained ores of mercury: the first, native mercury; alloyed, or amalgamated, mercury; the sulphuret of mercury, or cinnabar; and the red muriate of mercury; there are other ores which have not been generally acknowledged. You will find, in the British Museum, specimens of native mercury, as globules disseminated in cinnabar, and hydrarguret of silver, or native amalgam, in the second case; in the ninth, a suite of specimens of sulphuret of mercury, both the dark red and the bright red cinnabar. You will also observe there, hepatic mercurial ore, a mixture of cinnabar with bituminous and earthy particles; and in the sixtieth case, the last to which I have alluded, the chloride, or muriate of mercury. These come from Almaden, in Spain, which is the oldest mine in Europe, and was worked by the Romans from Friuli, from the provinces of America, and from different parts of the globe. Mercury is very often brought into the market in an adulterated state. Lead and bismuth, though sold by

themselves, have the power of wearing considerable fluidity when mixed; but the tarnished appearance, the dross and impurities on the surface, the black colour with which it soils the bodies with which it comes into contact, the imperfect roundness of the globules, the difficulty which they have of uniting when placed in contact with each other, are the criteria which indicate the impurity of the metal; besides which, there are various processes by which the chemist arrives at certain knowledge of the facts which it is the province of that science to detail to you. The means by which mercury is extracted from the bodies with which it is combined, are all founded upon distillation, but the processes are carried on in various ways, according to particular views. Antoine Jussieu has detailed that which is pursued at Almaden, in Spain, in the Memoirs of the Academy of Science for the year 1719. Sage has given a description of that which is employed in Bohemia; they are founded upon the same general principles, though they materially differ in the nature of the apparatus, the time required for the completion of the preparation, and the number of persons demanded to carry it into effect.

Antoine Jussieu, when he described the mines of Almaden, and the operations that were there performed in the year 1719, observed, that they did not emit any exhalation deleterious to vegetable life; that the neighbourhood and the soil above the mines were fertile, that only the convicts employed in the interior suffered from any violent disease, and this he attributes to the mercury volatilized by the fires which are constantly burning. Exposure to the vapour issuing from this metal will speedily destroy life, or produce disease. Of this a most remarkable instance is detailed in an extract from a letter from Lisbon, dated the 12th of May, 1810, and is to be found in the sixth volume of the "Edinburgh Medical and Surgical Journal," and which, the year following, was the subject of some remarks in the "London Medical and Physical Journal." In April, of the year 1810, the *Triumph*, man-of-war, and the *Phipps*, schooner, saved from the wreck of a Spanish ship off Cadiz a large quantity of quicksilver. The *Triumph* took on board thirty tons, contained in leathern bags of fifty pounds each; these bags were picked up on the shore, they were saturated with sea-water; they were collected and stowed below in the bread-room after-hold, and store-rooms forward. In about a fortnight many of them decayed and burst, and the mercury escaped into the recesses of the ship; at this period bilge-water had collected, the stench of which was considerable, and the carpenter's mate, in the act of sounding the well, was nearly suffocated; the common effect of the escape of the bilge-water is to change, from the escape of the gas, every metallic substance in the ship to a black colour, but on this occasion every metal was coated with quicksilver; an alarming illness broke out amongst the crew, all of whom were more or less salivated. The surgeons, pursers, and three petty officers, who were nearest the place where it was stowed, felt the effects the most, their heads and tongues having swollen to an alarming degree. The *Triumph* was sent to Gibraltar to be cleared, and the people were placed in the hospital. The quantity on board the *Phipps* was not so great, but she was sent to Lisbon to be cleared by boring a hole in her bottom to allow the quicksilver to run out. Every rat, mouse, and cock-roach on board was destroyed, and the symptoms of general salivation appeared in a strong degree. Some attributed the effluvia to the bags having been acted upon by the sea-water, and Dr. George Pearson attempted to explain the phenomena, but not satisfactorily. Of the truth of the statement Dr. Baird and three surgeons bear sufficient testimony.

Of its effects upon miners we may likewise judge by a narrative that is given by Dr. John Wilkins in the "Philosophical Transactions," in the year 1666, in which he describes the quicksilver mines at Friuli, in the Venetian territory; he says, that although none of the miners stay under ground above six hours, all of them die hectic, or become paralytic. He saw there a man, who had not been in the mines for above a half a year before, so full of mercury, that on putting a piece of brass in his mouth, or rubbing it between his fingers, it immediately became white like silver, and precisely the same as if mercury had been rubbed upon it; and so paralytic was the unfortunate man that he could not, with both his hands, carry a glass half full of wine to his mouth without spilling it, though the doctor quaintly adds, he loved the wine too well to throw it away. It appears that both the shaking palsy and salivation are the consequences of the exposure to the vapour, or to the metal in its usual state, but that those who are liable to the one are not so to the other, but the same exposure may cause salivation in one individual and palsy in another. Of this Dr. Christison furnishes us with an illustration which he learnt from his friend Mr. Hardinger, the mineralogist. A barometer-maker, and one of his men, were exposed one night, during sleep, to the vapours of mercury, from a pot on a stove in which a fire had been accidentally kindled; they were both most severely affected, the latter with salivation, which caused the loss of all his teeth, the former with shaking palsy, which lasted all his life. Dr. Falconer, of Bath, gives us an account of the effects produced by the application of this metal, in the form of a girdle

worn round the waist, especially by females of the lower order for the cure of the itch, as being a cleanlier proceeding, and more free from fœtor than ointments composed of sulphur. Many cases were admitted into the Bath Hospital, and the symptoms which were exhibited were a degree of general weakness approaching to palsy, great pain and tremor in the limbs, and often violent headachs. It is worth remarking here that an instance lately occurred in the Bath Hospital, where all the symptoms that distinguish the poison of lead were observed, even the loss of tone in the muscles of the wrist, in consequence of the use of mercurial ointment for the cure of the itch.

Merat, in the appendix to his "Treatise on Metallic Colic," has described very admirably the "tremblement metallique;" and Dr. Bateman, in his history of the disease to which mirror-silverers are subject, has also painted it remarkably well. The attack is sometimes sudden, at others gradual: with unsteadiness and the shaking of the arms and limbs, which prevent walking, speaking, or masticating; for the tremors become frequent, nay, almost constant; every action is performed by starts; if the occupation which produced it be continued, sleeplessness, loss of memory, and death terminate the scene; a peculiar brownish hue of the whole body, and dry skin, generally accompany the disease. In its first attack it may be taken for St. Vitus's dance, in its later stages for delirium tremens. Wherever mercury is employed in the arts or manufactures, great attention is necessary to cleanliness, by which means all bad consequences may be avoided.

Quicksilver has been employed to some extent in this country in its crude state, as a remedial agent. It appears that in the days of Charles the Second it was much employed. Amongst the old writers, whose quaint and curious volumes serve to enliven the research into medical literature, are Dr. Daniel Turner's "Treatise on Diseases of the Skin, and the Ancient Physicians' Legacy impartially Surveyed." The Doctor is one of those agreeable gossips who retail every anecdote that comes in their way. He discusses learnedly every subject. He is earnest upon every point, from the Arabian leprosy to the red nose of Queen Anne, that can be called cutaneous; and upon quicksilver he is more than usually facetious; he thus says—"In King Charles the Second's reign, I very well remember, though it is above fifty years past, a physician knighted by that prince, whose name I can sometimes recollect, though not at this moment, encouraged it much, who lived retired somewhere about Edmonton, and where the villagers round coming to consult him, especially on their children's diseases, he advised a thimblefull of quicksilver, to be given them every morning for a month; and when careful to observe them in their needings, they would oftentimes recover the same, which being washed served for the next dose." That this curious advice for obtaining again the quicksilver, after passing through the intestines, and again employing it, was not unusual, we learn from the tradition that has been handed down to us. The beauties of the court of King Charles the Second used the crude mercury as an alterative; and it was common, morning and evening, to take a teaspoonful, to beautify the complexion, to remove a freckle, or to give a pearly lustre to the skin. It was not unusual, and I almost blush whilst I relate the fact, to find globules of quicksilver scattered about after a dance; and it is said that the sweepings of the withdrawing-room were amongst the profitable perquisites of the fair Abigails, who, the following morning, administered to the ladies the second-hand mercury thus collected, again to pass through the delicate frames of those celebrated beauties whom the pencil of Sir Peter Lely, and the pen of Grammont have handed down to posterity.

My old friend Turner says, "I have heard a pleasant story of a mercurial lady, who in dancing at a public assembly happened to let go some particles of the quicksilver she had taken in the morning, which shining on the floor, in the midst of so great an illumination, like so many brilliants, there were several stooping down to take them up, but finding themselves deceived, it afforded matter for much laughter among the gentlemen, and blushing among the ladies, especially she that was much concerned; for the cry went through the room that some lady had scattered her diamonds."

There are many laughable tales of the rapidity with which quicksilver comes away after it has been swallowed, narrated by Daniel Turner; for, in his day, Dr. Dover had attempted to introduce the practice of administering it in enormous doses. Mr. Bradley gives us the history of the case of an old gentleman who took an ounce of quicksilver for nine months, daily, without doing him either good or harm; and that out of sixteen pounds he had taken in the whole, washing it from the fæces, when they weighed it, there wanted only one ounce and a half, which he thinks was lost in the washing. Dr. Turner, in his comments upon the case, observes—"that this old gentleman (for he was upwards of three-score) must have been stronger in the sphincter than many much younger persons I have met with, some of whom acquaint me it comes away in spite of their teeth;" and he then proceeds to give some laughable narratives. Crude quicksilver thus taken has produced salivation, ulceration of the gums, and likewise tremors, which, from the description given of them, resemble very much those I have already alluded to, as

consequent upon the employment of the metal in any occupations of life.

The controversy between the admirers of Dr. Dover's practice, and his opponents, who stigmatized him as an impudent quack, was carried on with all that acrimony and venom which so frequently have disfigured medical writings; and at last the public mind was satisfied that the frightful doses of this metal were destructive, but not before some tragical events had occurred. Dr. Dover had very strongly recommended mercury in a treatise which he wrote on fever. Amongst those who read his work was one of the most celebrated actors of this country, Barton Booth, who has left behind him a reputation of the highest class, as one of the most accomplished tragedians of his age; he had just recovered from an intermittent fever, by the use of cinchona; it had completely left him for ten or twelve days, but apprehensive of its return, he sent for Dr. Dover, who encouraged him to take the crude mercury, assuring him that it would not only prevent the return of his fever, but effectually cure him of all his complaints. On the following day, May 3rd, he began the course, and by May the 8th, he had taken two pounds, except two ounces; he then complained of pain in his head and bowels, a universal uneasiness of his body, so that he could not remain one moment in the same posture. The following day Sir Hans Sloane was called in, nine ounces of blood were taken from him; purgatives and enemas were administered the two following days, but the bowels would not act, nor could the costiveness be in any way relieved, and in the course of the second day he died. It appeared that before the 8th about half a pound weight of the metal had been passed, but after that day none had been discharged. The body was opened in the presence of Sir Hans Sloane; a gall-stone was found in the ductus choledochus, which choked up the passage, but the other parts were sound, until the lower intestines were examined. The rectum which was so "rotten that it broke like tinder," and gave forth a most offensive cadaverous stench, with the other intestines, was ripped open with a pair of scissars; the whole track on the inside was lined with crude mercury divided in globules, about the bigness of pin's heads, and they were perfectly black. Mr. Booth had long laboured under an obstinate jaundice, for which he had tried many remedies; and rhubarb, of which he daily chewed about three drachms, and which procured him eighteen or twenty stools a day, had afforded him great relief; but this attack, together with an intermittent fever, had come on about a month before his death. The termination of this case made a great impression on the public mind, and banished from general practice such an abuse of what is a valuable remedy if well administered.

In all the forms in which mercury is exhibited, it requires care and caution; but where it is combined with the powerful acids, as is the case in corrosive sublimate and calomel, it becomes a most dangerous tool in the hands of the ignorant or half-educated man. Pills, containing simple metallic mercury, have been long employed, and, properly managed, a mild and gently active medicine is the result. Our old Pharmacopœias contain various recipes for the pilulæ mercuriales; they consisted of crude quicksilver made into pills, with honey, crumb of bread, and other simple ingredients. The College has adopted confection of red roses and liquorice; the weak acid that is in the confection may cause an oxidation of the mineral; but altogether the preparation is a valuable one. Two drachms of the mercury are triturated with three drachms of the confection, until the globules of the quicksilver have disappeared, and then a drachm of powdered liquorice is added, and the whole mass is beaten until a complete incorporation takes place. Minute division of the mineral is thus effected, and one grain of mercury is contained in three of the mass. It sometimes happens that sulphuric acid has been added to the conserve of roses to increase its colour, and hence the pill has contained some portion of the deleterious sulphate of mercury. This pill has been long much celebrated under the name of blue pill, and is one of the most popular remedies of the day, in the dose of four or five grains. Its high estimation it chiefly owes to the work of the late Mr. Abernethy, entitled, "Surgical Observations on the Constitutional Origin and Treatment of Local Diseases," and likewise to the practice which he pursued, and the precepts he inculcated amongst a large proportion of the students of medicine, who are now in the full zenith of their honourable career. I must, therefore, dwell, for a short time, upon the opinions of an individual upon points which are intimately connected with the subject of our present examination.

Few individuals who have adorned our profession, possessed a more clear and accurate knowledge of the principles of our science than Mr. Abernethy, and no one ever explained them with greater simplicity, or with less of the entanglement of barbarous and uncouth names; he was, to the highest degree, plain, and, therefore, thoroughly intelligible. He had none of the deep learning and research of his two cotemporaries, Dr. Young and Dr. Mason Good, but he was infinitely their superior in the explanation of his views, for he did not, as they have done, encumber their writings with the hard and unintelligible phrases of the Greeks, nor did he attempt to establish systems founded upon artificial arrangements. He watched the powers of Nature, he recalled

the surgeon to the path of physic, he showed to him the effect of local disorders upon the constitution, and the reciprocal operation of constitutional disorders upon local diseases; he pointed out that the digestive organs may be affected by local disorder, and that upon the due function of these organs the health of man mainly depends. His object was "to excite, by means of medicine, a more copious and healthy secretion." The passages beginning from the sixty-fifth page of the third edition, commencing, "It is a principal object of medicine to give strength and tranquillity to the system at large," to the passages in which he enters upon the utility of mercury, contain golden precepts, which, as in the days of antiquity, should be engraved on a tablet and suspended in the Temple of Health, for every man to read, remember, and obey. They form a code for individual well-being, and that the author should triumphantly bid those who sought from his dispensations relief from their sufferings, to read them, was sufficient evidence that they were the result of mature reflection, of honest conviction, and of thorough reliance upon the soundness of the views which time and practice had not changed.

It was a singular circumstance that whilst this good and amiable man was occupied in inculcating the necessity of strict attention to the digestive organs, and to their excretions, another highly practical man was employed upon the same object; and that from the infirmary of Edinburgh Dr. Hamilton was teaching how valuable, in the treatment of disease, was alvine evacuation. Whilst, however, this distinguished physician was instructing that this should be done with energy and quickness, in the acute diseases we are called upon to treat, the cautious and sagacious surgeon was employed in demonstrating it should be effected in local and in chronic diseases by slower and more gradual operations; the combined views of these enlightened men have tended to improve the treatment of disorders, and have given hints for the preservation of health and the prolongation of life. To the knowledge of the necessity of great attention to the excretions, may chiefly be attributed the increased longevity of man, and his freedom from many of the diseases of former days.

Mr. Abernethy's mode of pursuing his mercurial course was cautious and regular. He prescribed only small doses, taking care that the error so often fallen into, of increasing the quantity, when any benefit was perceptible, should be avoided. Nothing can be more injudicious than the augmentation of the quantity of this medicine without sufficient reason. In small doses the biliary secretion is corrected, and the digestive organs are placed in a healthier condition; larger quantities exert an influence on the whole constitution, and alter the state of the nervous system; thus controlling disease dependant on an irritable and disturbed state of the nervous function; but, in still larger quantities, it never fails to irritate and weaken the system, and thus to derange the digestive organs. Five grains of blue pill, taken at night, will not irritate the bowels, but, generally speaking, three are sufficient, and may be continued for some days; occasionally the mouth becomes affected, with a very few night's repetition of the dose, but this often depends upon the badness of the blue pill, for a very small quantity of sulphuric acid, in the conserve of the roses, will materially affect the preparation, and produce very bad consequences. It happens that whilst the secretions from the liver are materially improved, as the excretions testify, that dyspeptic symptoms supervene; in such cases the blue pill is to be discontinued, and again had recourse to at a future time. Calomel, in a very small quantity, will often be the source of high irritation, where blue pill is indicated, but as I shall have occasion to state to you the powers of calomel, when properly administered, are essentially necessary to be trusted to.

The functions of the skin are often impaired in consequence of disordered state of the digestive system, and these are restored to their wonted state by this remedy; the operations of the mind are enfeebled from similar causes; hence hypochondriasis, disorders of the nervous system, and hysteria, are controllable by the same means. Enlargement of the absorbent glands, malignant tumours, and ulcerated sores, are relieved and cured, when they are connected with such disorders of the digestive organs as are remedied by the therapeutic agent which I have considered. Every system of practice is not only likely to be too much extolled, but it is also liable to be followed with too sanguine expectations, and to be pushed to a greater extent than the original founder intended, and doubtless this has been the case with the blue pill. It is capable of producing much mischief; its abuse is as formidable a cause of disease as its proper employment is certain of being a source of health. It is not any one plan, or any one particular remedy, that can be relied on, in all the complicated maladies of our nature, but there are unerring principles which are to guide us in our practice; there are certain effects produced upon the human economy by certain agents, and a knowledge of the influence of each must teach us not to circumscribe our list of remedies, nor to place undue reliance upon any drug, however powerful it may prove. From want of such a reflection the blue pill has been too often indiscriminately employed, and has become the source of mischief, as I shall have occasion to state to you.

CLINICAL LECTURE

ON THE GENERAL TREATMENT OF SURGICAL CASES; DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

BY MR. LISTON.

GENTLEMEN:—It is my duty, as you are aware, to deliver clinical lectures occasionally here, and I shall now proceed to the discharge of that duty, without preface or preliminary remark. I have nothing new to offer as an inducement for you to study and understand the cases in the hospital, where alone lasting impressions of disease, and the mode of conducting treatment can be made, and where the correctness of principles can be tested and ascertained. I have no promises to make, and I should prefer being judged of rather by what I may do, than by what I might profess. I have hitherto proceeded conscientiously in the discharge of my duties to the patients and pupils, and intend to continue in the same undeviating course. Gentlemen who have come to the hospital for the first time, after witnessing the practice of their masters in public or private, are generally struck with the mode in which the local treatment of injured and inflamed parts is conducted. They wonder that we do not take away blood more frequently, that we scarcely, if at all, employ cold lotions, and that poultices, plasters, and ointments are rarely to be seen in use. They are agreeably surprised also, I believe, at the absence of fœtor, and at the airiness and sweetness of our wards. A great deal of this arises out of the simple, though I trust I may add efficient, local management. In the first place, you will notice that great attention is paid to the position of injured parts. The extremities, you will observe, are always considerably elevated on inclined planes above the level of the trunk, and the return of blood is thus favoured from the affected part. After injury of any kind a greater quantity of blood is poured into the limb than usual, and into the arterial capillaries of the part involved; there is throbbing, heat, pain, and swelling, often redness; but the corresponding venous branches are, from this arrangement, always in a condition to carry back the fluid; the force of gravitation, and the tendency of fluid to find its level, are superadded to the other forces which naturally cause the return of the vital fluid from the larger veins to the chest; and the consequence is that the symptoms of inflammation are moderated or allayed, if they have gained head, much more easily than if the part were allowed to be dependant, or even on a level with the trunk. You will find that all our fractures, lacerated and bruised extremities, sprains, ulcerated, swollen, and inflamed limbs are managed on this principle, and if so treated from the first, the action is kept under, the patients suffer comparatively very little, and the parts regain their normal condition speedily, and with little further interference. Rest of the affected part is also essential to its recovery, and this must occasionally be secured by proper apparatus, in the application of which, however, great care must be observed, so that no obstacle may be offered to the free circulation of the limb. This is effected by simple and proper splints and bandages, as may be observed in some displacements, in fractures and diseased joints. With the view of moderating the flow of blood, general oozing from any solution of continuity,—with the view, also, of preventing increased action of the capillaries of a part, as after operations and injuries, cold is often applied with great advantage; but after inflammation is lighted up, a continuance or recourse to this practice will not be found at all beneficial. The action is moderated, sensibility of the part is diminished, the uneasy feelings abated, and the patient relieved and comforted much more by warm fomentations. These act by relaxing the surface, and keeping it perspirable, and encouraging effusion to a certain extent into the loose tissues by which the affected capillaries naturally relieve themselves. The vessels of the surface are more distended, and thus a derivative is produced from those immediately involved; the excited nervous sensibility is also abated and soothed. The effect of cold, on the contrary, is to constringe the surface, to drive the blood to the deeper parts, and aggravate materially the patient's sufferings. Its effect, in deep-seated inflammation, is thus prejudicial, and it is no less so in the affections of the surface, when suddenly repelled metastasis to some important organ is almost certain to take place, and the patient's life is put in the utmost peril. The necessity for abstraction of blood, either from the system or from the injured part, will much less frequently be called for if attention is given to the points above indicated. The mode of emptying the vessels is varied according to circumstances. If there is a high degree of inflammatory fever, with disturbance in the functions of important organs, then recourse is had to the lancet. In violent local action, as in a joint, or in any part of a serous cavity, conjoined or not with general bleeding, the free abstraction of blood by leeches or cupping, as may be, is employed. Again, in inflammation of the surface, the capillaries are unloaded, the tension relieved, and effused fluids permitted to escape by punctures or incisions, according as the action is violent or not, and the vitality of the skin, cellular and other tissues endangered; for fascia, muscles, and even bones, sometimes suffer from inertly treated inflammation commencing on the surface. There is on the table a speci-

men showing extensive ulceration and death of the bones of the lower extremity, and implication of the kneejoint, which led to a fatal termination, all following upon erysipelas.

The simple management of wounds is also deserving of your attention. Those produced by accident are seldom so clean and free from bruising of their edges, or if so, are seldom made in so favourable a direction as to enable us to indulge a hope of their healing without discharge, and by the first intention. By relaxing the muscles which act prejudicially upon the injured part, or by relaxing the integument on the aspect of the region implicated by position, the approximation of the edges is favoured, and it is occasionally advisable, as when there is great detachment of soft parts, to retain them somewhat in their natural situation by a stitch, or by a strip of plaster. Discharge is to be favoured by all possible means, and this is done after the bleeding (which is seldom very profuse unless some large vessel is divided pretty clean) is arrested, by the application of a poultice, or of the water-dressing, by which, as you will soon find, all the beneficial effects of heat and moisture are afforded, without any of the disagreeables attendant upon poultice, its weight and fœtor, &c. After the surface has become clean, and the discharge healthy, when the void is filling up by healthy granulations, and cicatrization has commenced, then some slight astringent solution is applied with advantage, added to the warm water cautiously, and its quantity increased by degrees; the object being to moderate the discharge, to prevent the granulations from becoming luxuriant, but by no means to check the purulent secretion, and thus cause inflammation of the sore, absorption of the granulations, and perhaps erysipelas. Whenever the surface of a granulating wound or ulcer is observed to be coated with adherent matter, whether this arise from local or constitutional disturbance, the soothing and simple warm water-dressing must again be resorted to without delay. This may very properly be medicated by the addition of a decoction of poppies or a solution of opium.

Intentional wounds, those made for the removal of diseased parts, of parasitical formations, may often be so planned that the edges can be laid together with great accuracy, and retained by suture, or plaster, so that they shall heal with little, if any, discharge. In the majority of cases, as you may probably see, during your attendance here, the proper and most favourable time for union is not on the instant after the incisions have been completed, but some hours afterwards, and you will observe the means by which this is effected and favoured. The sutures are few in number, and removed at a very early period. The plaster is very adhesive, but unirritating, and keeps its hold very often until the cure is completed. No pledgets smeared with ointment, or compresses are applied, and, in fact, greasy applications are seldom used but to sores, the healing of which is not desirable or desired. No bandage is employed in the first instance, not being required, if the surgeon has the sense to plan, and dexterity enough to make, his wound of a proper form, and in the right direction, so that it shall fall together without pulling or strain upon the neighbouring parts. A load of dressing always interferes with the circulation, heats the part, puts it in a forcing-bed, as it were, encourages and retains discharge, thus giving the patient great annoyance from stench, great pain in their removal and reapplication; much harrassing and unpleasant duty is also imposed on the surgeon. The wounded part is, on the contrary, covered merely by a few strips of plaster, lies cool and comfortable. The discharge, which is seldom in great quantities, is wiped up from the oiled cloth on which it lies, the fever does not run high, the patient is not subjected to the least pain, and the cure is speedily and pleasantly completed. After a time, a bandage may be applied with advantage to give support and favour the disappearance of œdematous swelling.

Whilst I thus lay stress on attention to local treatment, do not suppose that I would have you overlook the whole state of the patient's system; you must be alive to the absolute necessity of moderating the healthy action; of attending to, and correcting, the secretions from the digestive organs, kidneys, and skin. The digestive organs can, in general, be put into a proper state, without recourse to alteratives, which may, and often do, exert a prejudicial influence on the patient's system. Though opposed to the indiscriminate employment of mercurial medicines for this and other purposes, do not suppose that I do not know when to exhibit that medicine as well as others, and how to push it, when necessary, as the phrase is, to the saturation of the system. I shall, as I have done, continue to treat those who are put under my care, and who place confidence in me, as I would wish to be treated under similar circumstances.

Mr. Liston then turned the attention of the pupils to a variety of cases of diseased bone under treatment in the hospital, by which, and many beautiful specimens, he illustrated some remarks upon inflammation of that tissue, and its investment. He spoke of the processes attendant upon death of a portion of the shaft of a bone, and showed that, however the portion about to become sequestrun might be acted upon by the absorbents, *before* its detachment, which was often slow; however much it might thus take on a worm-eaten appearance, it was unchanged *after* it had become loose: it

might remain thus for an indefinite period, keeping up irritation and discharge, wasting the patient's strength. He alluded to the various experiments which had been instituted on the lower animals, to settle this disputed point, and more especially to the later one of his friend Mr. Gulliver. He showed one very curious and unlooked-for result of these experiments, viz., the ultimate adhesion of a dead portion of bone to the parietes of the medullary canal of the tibia of an animal, into which it had been introduced and lodged for some months; of this, he said, the most sceptical might satisfy themselves by an inspection of the specimens.

[We have, in former numbers of this Journal, given, at great length, the valuable clinical remarks of Mr. Liston on the pathology and treatment of injuries and diseases of bones, and now refer our readers to them. On this account our reporter did not take full notes of this part of the lecture.]

COMMON TOBACCO-PIPE BROKEN IN THE URETHRA.

To the Editor of THE LANCET.

SIR:—If you think the following case worthy a place in your valuable publication, it is at your service. I am, Sir, yours,

THOMAS HAIGH MARTIN, Surgeon.

Holmfirth, Yorkshire,
Oct. 28, 1837.

B— A—, a female, of Newcloses, in this neighbourhood, having been subject to occasional retention of urine for many years, was attacked with complete retention on the morning of the 19th June, 1828, for which I used the catheter. My father saw her on the 20th, prescribed a little medicine, and employed the catheter sometimes once, and sometimes twice a day, until the 2nd of August; but she being a pauper, and the overseer objecting to the expense of a medical man constantly attending, gave orders to the woman not to send to her medical attendant any more; from which time to the 15th of September she employed a common tobacco-pipe three times a day; but, unfortunately, it being so brittle, she broke it in the urethra, and with the endeavours she made to extract it, pushed it into the bladder, from which time to the 27th April, 1829, it produced no inconvenience, she being provided by the overseer with a silver catheter immediately after the above accident, which she used two and three times a day. On the 27th of April she was attacked with pains which she described as similar to labour-pains, but much more severe. My father was again requested to see her on the 28th, and found, by examination per vaginam, the pipe lodged in the cavity of the uterus, with one end protruding through the os uteri, but it was so strongly embraced by that viscus, as to require the aid of a pair of dressing-forceps, to extract it, and so much force as to break the end of the pipe several times. What I consider most remarkable is her never losing a single drop of urine, but what passed through the catheter, which she continued to use three or four times daily, up to the time of her death, which took place on the 30th of November, 1834, after being confined to her bed entirely for three years or better, she having sunk at last from phthisis pulmonalis.

I was able to procure only a partial examination. The bladder was thicker than natural, but not a particle of calcareous matter in it; on its left side, not far from the ureter, was a patch about the size of sixpence, which was much softer than any other part of the mucous membrane, and tore upon the slightest touch of the finger. I therefore concluded that to have been the place which had given passage to the pipe into the vagina, from whence it found its way into the uterus by the os uteri; as I should think it quite impossible it could have passed through the body of the uterus without leaving some signs of a cicatrix, which I was not able to find, although I brought away the uterus and bladder to examine them more leisurely. The pipe is three inches in length, and was three inches round the middle part at the time it was extrated (from calculous matter, which I believe to be the triple-phosphate), but at present measures only two inches and a half, and is in my possession.

UNION OF FRACTURED BONES WITHOUT SPLINTS.

To the Editor of THE LANCET.

SIR:—I venture to transmit the following slight case to you, because I think, it has a practical bearing which is not without use in domestic surgery, and still more so in the field. It is a not uncommon thing for surgeons to consider repose of the whole limb as necessary in fractures, when such is only necessitated for those parts which immediately affect the portions fractured. The value of the distinction, in a practical point of view, will be immediately felt, when we consider how much this may influence our proceedings, when means of rest and ordinary applications are wanting:—

Peter ——, a boy of colour, aged 18 years, was travelling with me in Kurdistan, in a part of the country, and at a time when it was not safe to make any delays. He fell off his horse on a rocky road, and fractured the two bones of the forearm, nearly at a

central point from their opposite extremities. There was no outward abrasion. The bones were set at once, and kept in their places by a few reeds gathered from a neighbouring brook; the forearm was made to rest upon a stout piece of board, without flax or cotton, and the whole was kept in position by a kerchief slung over the neck, and allowed a little length in order to prevent the arm from coming in contact with the pummel of the saddle. Under these circumstances, the youth continued his journey, without scarcely any pain or suffering. The arm was allowed free movement to adapt itself to the motions of the horse, the fractured parts were alone secured, and only one day, when obliged to trot a little rudely, did he complain of sharp pain, and of his feeling the wound. It is scarcely necessary to add, that the union was not at all delayed in time, and that by the eighth week he enjoyed the perfect use of the member. In opposition to this case, I may mention one which occurred to a friend of mine, who fell off his horse near Calais, some years back, and fractured the humerus; the whole arm was unskilfully bound to the chest by a French practitioner, and kept there till union had nearly taken place. On his return to London, the gentleman was obliged to have the arm refractured in order to put it in a natural position.

Much attention has been lately excited by the proposed treatment of fractures without splints—the fault of all systems is their too great generalization; that is to say, the supposition that the author wishes to adopt for all cases, that which is only applicable to a certain number, and this is often the origin of a prejudiced opposition to any modifications in general practice. The best thing appears to me to be the collection of facts, in which those modifications are serviceable, or where, under peculiar circumstances, they can be applied without detriment to the cure to be effected. I have the honour to be your obedient servant,

WILLIAM AINSWORTH,

Late Surgeon to the Euphrates Expedition.

COMPOUND FRACTURE OF THE TIBIA AND FIBULA.

REMOVAL OF PORTIONS OF THE BONES.—CURE.

To the Editor of THE LANCET.

SIR:—Having read in No. 3 of THE LANCET for the present year, a case of compound fracture of the tibia and fibula, by Mr. Evan Edwards, I beg to make a few observations upon it. Mr. Edwards says that he removed five inches of the entire tibia, and the patient got well, with very little deformity. As Mr. Edwards does not say how much the limb was shortened by the removal of this long piece of the tibia, we are left in ignorance of the extent of deformity; nor are we at all informed how the reparation of such an extensive injury was brought about. I will now give you a case of a similar nature, and elucidate how Nature remedied the accident. I was sent to see John Clapham, æt. 60, a coachman, who had been so employed for forty years. He was the driver of the Telegraph coach from Worcester to Hereford. In stopping at the Trumpet Inn, on the road between these two places, to get a basket out of the front boot, something frightened the horses, and they set off, the coachman was thrown down, and two wheels of a four-wheeled heavy coach went over his leg. He was received into the Trumpet Inn, and I was sent for to see him, my residence being then at Ledbury, four miles from the place where the accident happened. I found that he had sustained a very severe compound fracture of the right leg, and I removed from the wound three inches, at least, of the tibia, which was lying loose and comminuted. So severe an accident to a man of his age, and one who had been a coachman for so long a time, not leading the most temperate life, would scarcely be expected to do well. However, he did recover, after lying for some months in bed, and resumed his situation of coachman to the same coach again.

The fibula of the same leg was fractured just above the malleolus externus; the fracture was simple at first, but the bone protruded in a few days, rendering it compound. This I considered favourable for my patient, as there was then nothing to oppose the fractured ends of the tibia from coming in contact, a circumstance necessary to constitute union in fractured limbs. I removed the fractured end of the fibula which protruded, with a metacarpal saw. Although there was a good deal of suppuration and constitutional irritation, and at first delirium tremens, these symptoms disappeared very soon under his usual beverage of strong ale, brandy and water, &c., with opium and morphia. The patient, after his recovery, was obliged to wear a shoe with a sole and heel several inches thicker than that for his sound leg. The question which this case gives rise to, is this—In cases of compound fracture of the tibia, with great loss of bone, and where, of course, the fractured bones cannot be brought together, should it be a settled point of practice, where there is no fracture of the fibula, to remove a part of the latter, to enable the surgeon to bring the separated ends in contact? The result of this case is much in recommendation of such a plan, and to it was my patient indebted for his cure. Any limb, however much shortened, is better than a wooden one. The date of the accident was July 20, 1827. He left the inn for his home, at St. John's, Worcester, Oct. 15, 1827.

CONGREVE SELWYN.

34, Clarence-square, Cheltenham.

THE LANCET.

London, Saturday, November 11, 1837.

ENGLAND was, we believe, the first country in the world in which the right of the poor to receive a full sustenance, through a rate upon property, was sanctioned by the authority of a legislative enactment. This wise and humane principle was long referred to by Englishmen as a matter of just pride. But, probably, the period has expired when we could make comparisons of this kind which are in our own favour. The right of the sick-poor to efficient medical assistance has also been long established by law, but the manner in which that relief has hitherto been administered has been such as to render it comparatively of little value as an alleviation to the sufferings of the poor. We have, it is true, a large number of hospitals; we have infirmaries and dispensaries without end, but, unhappily, the government of the hospitals and infirmaries which have been instituted in this country for the relief of the sick-poor, is exercised by a number of individuals whose motives in paying their contributions are not of a very charitable nature; hence the governors are, in many cases, more occupied with the question of medical and other appointments to the hospitals, than with the consideration of the manner in which patients are treated in the institutions placed under their superintendence; again, each particular hospital is directed by a select coterie, which views every question connected with medical charity under a local light, and is influenced by the most narrow and selfish sentiments; hence arise a want of unity of purpose, and an absence of a single directing or controlling power, from which flow many of the abuses abounding in our endowed hospitals, infirmaries, and other medical institutions supported by individual charity.

We last week had occasion to notice some of these abuses, and, in particular, the negligent manner in which patients are treated in certain hospitals. This may, and does, sometimes depend on the negligence of the medical attendants themselves; but, in a far greater number of cases, we believe, it is necessarily the result of a radical error in the constitution of our medical charities, an error which could not exist were they placed under control or authority of the senate or council of a National Faculty of Medicine. The main defect to which we refer upon this occasion, in the administration of our hospitals, is to be found in the non-appointment of resident surgeons to those establishments. The necessity for the existence of such officers is self-evident; indeed, any reader not actually acquainted with the deplorable consequences of the present order of things, would *á priori* conclude that each of our metropolitan hospitals was provided with a resident surgeon; and, further, that such officer, affording constant attendance, and capable of exercising first-rate ability, and practical skill, was paid according to his labours and merits. If the labourer be worthy of his hire, the resident-surgeon would form a more valuable appendage to the institution than the man who merely passes an hour a day in a cursory, and often careless, inspection of the patients.

Men of common sense, who know that the body is at *all* times liable to disease, and to the various injuries resulting from accident or external violence, would very reasonably imagine that efficient medical aid was provided at all times, in our public medical charities; that, no matter at what hour of the night a patient might be taken to them, he would be sure of obtaining prompt and skilful assistance, from some surgeon of experience and talent, residing within the walls of the establishment. The presumptions, however, of common sense are found to be misapplied, when they are directed towards the management of our hospitals. Disease is not supposed, by the sagacious managers of those institutions, to prevail after two or three o'clock in the day; they cannot conceive the occurrence of hernia becoming

strangulated at midnight; they regard it as an absurdity to suppose that a head or leg could be crushed by the wheel of a cart before ten o'clock in the morning; or that it is even necessary that a physician or surgeon should pass an hour within their establishments, except at such moments as may suit their domestic convenience and private interests. On no other supposition can we explain the strange neglect evinced by the governors of our hospitals, in not providing the constant attendance of efficient medical men, at every hour of the day and night in those institutions.

The funds of some hospitals are, perhaps, too limited to admit of any considerable sum being set apart for a resident surgeon; but what shall we say of the improvidence of those who leave such hospitals as *St. Bartholomew's*, *St. Thomas's*, and *Guy's*, destitute of resident surgeons, the income of these three establishments exceeding, as it does, one hundred and twenty thousand pounds per annum? It is quite clear that no practical or really useful answer can be given to this question, except by the Legislature. England is certainly the only country in the world in which such a vast fund of wealth, designed for the purpose of medical charity, is so grossly abused and misapplied.

The sick-poor who are admitted into our hospitals are entitled, not only upon principles of humanity, but of justice, to receive efficient medical attendance, and nothing can be more barbarous or more unjust than to leave them, as is now the practice, to the tender mercies of a few inexperienced youths, denominated dressers.

The principle of a right, on the part of the poor, to efficient attendance, is universally admitted; but why is not the right adopted in practice? Unfortunately, there is a system of patronage and of nepotism which renders the recognition equally inconvenient and unprofitable to certain authorities.

The catastrophes arising out of this abuse of power, involving, to a great extent, the sacrifice of human life, have grown to such a magnitude that the subject must speedily be forced upon the attention of Parliament, where alone a competent remedy can be provided.

Since the foregoing remarks were written and just as we were going to press, we received the following letter from Mr. TAYLOE. We have only time to ask one question in relation to the first paragraph. If the slaughtered man had been a nobleman, or an opulent tradesman, would Mr. COOPER have thought it unnecessary to see the patient until the following morning? Suppose the messenger had even stated that the patient had been seen by Mr. WATTS, a general practitioner of great experience and skill in his profession, would Mr. COOPER have said, in reply, "Oh! then, it is unnecessary that I should see the patient until to-morrow"? No; but he would have added, "Very well, I will be there instantly."

We take this opportunity of assuring Mr. TAYLOE that we had no intention whatever of charging him with misrepresenting the facts of the case.

LETTER FROM MR. TAYLOE ON THE UNIVERSITY COLLEGE HOSPITAL CASE.

To the Editor of THE LANCET.

SIR:—In the last number of your Journal, you accuse the senior and junior surgeons of University College Hospital of neglecting a patient who lately died there of a wound of the abdomen; yet one of these surgeons, Mr. Quain, had nothing whatsoever to do with the case, the patient being entirely under the care of Mr. Cooper. The following are some other facts, which will show that your information as to the neglect of the man, and the cause of his death is altogether incorrect.

First. Mr. Cooper received early notice of the man's arrival at the hospital, but was not desired to see him immediately, nor did Mr. Cooper consider it necessary, the treatment adopted in the first instance, by Mr. Watts, one of the house-surgeons, appearing to Mr. C. all that could be done while the patient was in a state of collapse.

Secondly. The man had been seized with a cadaverous paleness of countenance, vomiting, coldness of the skin, sinking of the pulse, and other bad symptoms, directly after the stab, which happened two hours

before his arrival at the hospital, and in this state he still remained.

Thirdly. From the continuance of these symptoms it was manifest that some important organ had been wounded, and that, in all probability, there was internal hæmorrhage.

Fourthly. The man never rallied from the first to the last.

Fifthly. Mr. Cooper, on first seeing the man the next morning, gave it as his opinion that there was a wound of the bowel, and copious extravasation, either of blood or intestinal matter in the peritoneum. The state of the pulse, however, seemed to him to indicate that the effusion was blood, and this in considerable quantity.

Sixthly. The event proved the correctness of this prognosis. In addition to the extravasation of three or four pints of coagulated blood and coloured serosity in the cavity of the abdomen, a piece of small intestine, entangled in the deeper part of the wound, had been transfixed with the bayonet, which had afterwards passed obliquely downwards to the left side of the pelvis, and wounded one of the branches of the internal iliac vein, and also the rectum.

Seventhly. The injury of some important organ was certain; but the insinuation of a small fold of bowel into the wound was a questionable point during the short time the man lived, for reasons fully explained by Mr. Cooper in his clinical lecture.

Eighthly. The man died principally and inevitably from the copious extravasation of three or four pints of blood in the abdomen, and the peritonitis thereby excited. This fact was proved by the trivial change in the condition of the knuckle of intestine entangled in the wound, and the violent inflammation of the peritoneum, more especially in those situations where the blood had accumulated.

Ninthly. As Mr. Cooper caused the body to be opened in the hospital theatre, in the presence of Mr. Quain, Professor Carswell, and about 200 individuals, your statement that the man died of strangulated hernia, and that only a little blood was found in the abdomen, is at all events known by these numerous witnesses to be incorrect.

Tenthly. The last fact deserving notice is this:—Even when the integuments had been removed from the wound in the muscles, and the abdomen opened, the perforation of the intestine was not apparent externally or internally, because the transfixed portion of it lay in the deeper part of the stab. Hence if the skin had been divided, and the bowel pushed back, the latter part would certainly have been reduced wounded into the abdomen, and the dangers of intestinal effusion would have been added to that of great effusion of blood.

For myself, I wish to say that I, on oath, in a court of justice, gave it as my opinion that the death of James Chaplin was caused by internal hæmorrhage and inflammation of the peritoneum. In this evidence I stated that which was, and is, my conscientious conviction; and I have no fear that any one who fairly examines the facts, will believe me to have committed that grave crime which the version of the case furnished to you would impute to me. I am, Sir, your obedient servant,

EDWARD TAYLOR,
House-surgeon.
University College Hospital.

IN announcing last week the presence of the Asiatic cholera in London, we simply declared a fact, of the existence of which we were well assured, without any desire to create unnecessary alarm. The documents which we publish this week, and which have been furnished by the surgeons of the Stepney Union, demonstrate the true nature of the disease which prevails, we are happy to say, in a very moderate degree, in the Limehouse district. We trust that the temporary measures which have been taken to render prompt assistance, and ameliorate, as far as possible, the condition of the poorer classes, will have the desired effect, and that the epidemic will pass over us, like the noise of a thunder storm, having produced no serious mischief. The events of the last week or two have, however, taught a lesson which should not be easily forgotten; they have shown us that if some people are accused of being, on all occasions, ready to propagate disagreeable news, there is another class, and a numerous one, composed of influential, but cold-hearted and money-seeking men, who regard the poorer class of the community as dust, when compared with the interests of commerce, and who would consent to any sacrifice of human life, provided their own selfish ends were thereby forwarded. These men talk frequently of "humbug;" they fill the public prints with "letters;" they cloak themselves with charity and philanthropy, but the gist of all their noise and affected tenderness is readily perceived, and the good sense of the public soon allays the excitement which they endeavour to produce.

REPLY OF DR. JOHNSON TO THE SECOND LETTER OF DR. DICKSON.

To the Editor of THE LANCET.

SIR:—Dr. Dickson, after a month's collection of evidence,* has come forward—with what? An interrogatory! "Have I, or have I not, taken some fees from Surgeon Gibbon?" Now, Dr. Dickson having made an accusation, saddles himself with the *onus probandi*, and has no right to ask me for evidence. However, I will answer his question. I have searched my visiting-book for the summer of 1835, and find no name of the kind there; consequently I infer that, if Surgeon Gibbon did consult me, it was at my own house, with other patients; but I positively deny having ever received a fee from Mr. Gibbon, in the character of a medical patient. If Mr. G. be alive, Dr. Dickson can easily bring forward his testimony; if dead, he must produce something more than his own *ipse dixit*, or rather his interrogation. But I did attend a Mr. Gibbon (I think that was the name), an Indian medical gentleman, a few years ago, and who died of dropsy. Fortunately I can adduce evidence very different from Dr. Dickson's "proof." Sir C. Bell attended him with me, and can bear witness that neither he nor I ever received a cowrie for our attendance. I shall not condescend to answer Dr. Dickson's subordinate charges; such as the false one that I ever solicited a "PUFF" from the editor of a journal. Dr. Dickson's books may stand in need of such auxiliaries; mine have succeeded without them.

Now, Mr. Editor, I beg you to glance at the enclosed *anonymous dastardly letter*, with the Cheltenham post-mark, written in a disguised hand, taking up Dr. Dickson's business, accusing me of entering into a combination with the chemists and druggists of London for half the profits of my prescriptions! I leave you to judge of the authorship of this anonymous letter from its intrinsic evidence. I envy not the heart which *suspects* such evil practices in others.

Since the foul and unfounded aspersions on my professional conduct towards my medical brethren were published by Dr. Dickson, I have received numerous letters from medical gentlemen rebutting the accusation, some of which I shall publish in my own Journal shortly. I shall only intrude one short note from one of your own correspondents, Mr. Simpson, a highly respectable practitioner at Hammersmith.

"Hammersmith, Sept. 27, 1837.

"I perceive a Dr. Dickson has made a most disgraceful personal attack upon you in the last LANCET, accusing you of demanding fees from medical men. Now, it will ever be in my remembrance that, after your being in a court of justice for several hours as a witness in the trial of Collier and myself, you, although a perfect stranger to me, returned the guinea you received with the subpœna, and you were the only one who did so. I once sent you a patient who, I told you, could only afford half a fee, and you took nothing. With this experience of your character, I feel almost inclined to take up the cudgels myself. Yours truly,

"W. SIMPSON."

I shall intrude no further, Sir, on your valuable pages, which may be much better filled than with the personal squabbles of individuals. I also take leave of Dr. Dickson. Yours truly, JAMES JOHNSON.

29th Oct. 1837.

* Dr. Dickson's letter, although published in THE LANCET for October 28th, was dated Oct. 3rd.—ED. L.

FEES TO MEDICAL MEN FROM INSURANCE OFFICES.

It is now about eighteen months since I published some observations on the subject of remuneration to medical men, for their certificates to insurance offices, namely, in the *Medico-Chirurgical Review** for April, 1836, page 594, where you will find the very same line of argument which you have adopted in your last Number. I incurred a good deal of obloquy at the time for even doubting the propriety of medical men demanding a guinea from the insurance office for each certificate; but I hope that the matter will now be calmly and dispassionately considered, and that the profession will not rashly pledge themselves to a line of conduct which they may ultimately be obliged to renounce. J. JOHNSON.

LETTER FROM MR. WANSBROUGH

To the Editor of THE LANCET.

SIR:—I am fully aware that Dr. James Johnson needs not the aid of my feeble ægis to assist him in defending himself against the shafts of his opponents, yet I feel it to be my duty to tender my humble testimony in vindication of his professional liberality, which has been rather harshly, to use a *mild* term, attacked by a respectable contemporary; I beg to state, therefore, that I attended in consultation with the Doctor on a *high literary character*, and on that occasion, after the recovery of the patient, Dr. J. declined accepting a handsome douceur presented to him, for reasons which I am not at liberty to mention, but which do honour to his head and heart.

This communication is made without the Doctor's privity or consent. I am, Sir, your most obedient servant,

T. W. WANSBROUGH.

Fulham, Nov. 5, 1837.

* We have read the observations of Dr. Johnson, and heartily concur with him in the arguments which he has employed.—ED. L.

REFUSAL OF SURGICAL AID IN INFIRMARIES AND HOSPITALS.

To the Editor of THE LANCET.

SIR:—Your well-known zeal and sincerity as a reformer of abuses, more particularly those connected with medical charities, persuade me that no apology is necessary for troubling you with the following particulars, meriting alike censure and exposure:—

On Thursday morning last, the 26th ult., whilst in the Edgeware-road, my attention was arrested by a man being conveyed along on a shutter, who, on inquiry, I found had fallen, whilst following his occupation as a bricklayer's labourer, from a height of 25 or 30 feet, sustaining, of course, serious injury. I saw him carried, as usual in such cases, to the nearest medical institution, which was the *Western General Dispensary*, in the New-road, where, for some reason not assigned, he was not received, though the frontispiece of the said Institution is decorated with this attractive inscription, "For the relief the sick-poor, and for the reception of sufferers from accidents." Thence he was conveyed to the *St. Marylebone Infirmary*, in the New-road, where he was again unceremoniously refused, and referred to the workhouse in an adjoining street, where a similar disappointment awaited him; when his wearied and disheartened bearers, at a loss how to proceed, determined to retrace their steps, and deposit him in his own wretched dwelling, in the immediate vicinity of his misfortune, and consign him, of course, to the care of Providence.

On inquiry I found, that it was not until a late period of the day that his admission into an hospital (the *Middlesex*) was effected.

This case induces me to ask, are not the voluntary subscribers to the one institution, and the compulsory contributors (in the shape of poor-rates) to the support of the other (for the workhouse and infirmary are, on inquiry I find, one and the same), entitled to some explanation of this cruelty exercised toward a maimed individual, having a claim on both, the first as a sufferer from accident, the second as a parishioner?

Perhaps some correspondent, more conversant with these matters, will inform the public where, in future, under similar circumstances, the necessary assistance is to be found in this district, and thus save the delay caused by these empty though high-titled decoy pools. Yours respectfully.

HUMANITAS.

Cambridge-terrace, Nov. 1.

P.S. A broken leg was amongst the injuries sustained by this poor man.

FEES FROM ASSURANCE OFFICES.

MR. FARREN, of the Asylum Life Office, has forwarded to us the following letter, with a request for its insertion in THE LANCET. It relates to the question which has been raised by the "resolution" of the medical practitioners of Leeds. Mr. Farren has treated the subject with great force and perspicuity. We shall again revert to this question on an early occasion, as we find that a considerable portion of our brethren have become involved in a false and disagreeable position in relation to it.

To the Editor of the Times.

SIR:—It seems that some medical gentlemen resident at Leeds have entered into a combination "to return unanswered the questions which they may receive from insurance companies, unless the letter accompanying them contain a suitable professional fee from the office, considering that the insurance company is the party benefited by the information thus obtained."

Now, Sir, this resolution raises questions of such great public interest, that I do not hesitate to address you on the subject, as ever having found your columns open to fair discussion on general topics, and because I am sure there is no medium through which such discussions can be made more universally known.

THE LANCET, supported as it obviously must be by medical professors and students, inserted in its number of the 21st of October last a spirited letter, controverting the opinion expressed by the Leeds practitioners; and the editor himself, in his print of the 28th ult., offered many liberal and pertinent remarks on the same side of the question. Still, I believe, no person officially connected with a life office has hitherto dealt openly with the subject, and it is left for me to incur any odium which may affect the minds of medical practitioners against a declared opponent of their pretensions. I am, however, supported by the hearty and unanimous concurrence of the Board of Directors with whom I am associated.

Let us first consider the character of the contract between assured and assurer on a policy of assurance.

A prudent man, in the full enjoyment of health and vigour, wishes to provide for his family by small savings from his income, and ascertains from published tables of mortality his own expectation of life (that is to say, the average number of years attained by multitudes of men of his own age and circumstances), as it is during that period he must annually put by such an amount as will accumulate to the desired sum at his death. Now, if he reason at all on these premises, he will convince himself that such an average can only be derived from small and large numbers of years, be-

cause he knows that although one man may live fifty years, another may die within twenty, and therefore he wisely determines to guard against the accidents of life in his own case, by sending his contributions to some public establishment, into which the full seventy annual payments will certainly be made by the two men, although each may not have lived precisely thirty-five years to make contribution. Having thus determined, he carefully inquires into the systems, security, and circumstances of the various offices, that before he makes his selection he may be fully satisfied that the contract which he so much desires will be faithfully performed on the part of the company; and it is only when he is so satisfied that he parts with a penny of his money. If he should die after having made but one contribution, the office must pay the full sum assured; and the directors, therefore, very properly require it to be made out to their satisfaction that there are no circumstances in the health nor habits of each individual proposer which are likely to determine, in an ordinary course of nature, his life in a shorter period than the average duration of thirty-five years. The proposer accordingly refers to his medical attendant to give such testimony as may enable the directors to form their own opinion of the probability of the life enduring for the thirty-five years; and that testimony is a condition precedent to be performed by the proposer as an inducement for the directors to take into consideration the contract tendered to them. In fact, the proposer ought to go prepared with such testimonials when he first seeks the insurance, in which case the office would never come at all in contact with the referees of the party; whereas it has become a courteous custom for the directors to incur the trouble and expense of letters and postages in addressing a medical man, of whom they know nothing, whose opinion they never ask, but who is required to furnish a mere report of circumstances which occurred during an illness, for attending on which he has long since made his professional charge to the party who employed him, and who now seeks that report to enable him to complete a beneficial contract. Really, Sir, it seems to be little short of absurd to ask a public office to pay for such a certificate. The business in which I have been actively engaged for fifteen years has brought me acquainted with many hundreds of medical professors who do not need my feeble testimony in favour of their acumen, liberality, and honourable feeling; but, Sir, as there must be unworthy as well as worthy persons in all professions, it is sufficiently obvious that a very profitable source of business might be created for dishonourable practitioners, or rather for those who had no practice at all, from the concession sought by the Leeds combination. Men who never intended to complete insurances might make numerous proposals, with the certainty that the medical referees would be enriched, although the offices would as certainly be the losers of the fees they were silly enough to pay on faith of such references.

There is still a most important consideration connected with this matter, at which I have not hitherto glanced—I mean the legal effect of the medical referee of the proposer being the paid adviser of the office. Suppose a transaction to be bottomed in fraud. The directors, who have engaged to pay a large sum in consideration of premiums continuing during the thirty-five years which the healthy man of thirty is expected to live, suddenly find that by rupture, fistula, bleeding of lungs, or other concealed cause, the man of thirty is not in stamina equal to a hale man of sixty. They would now say, and fairly, "The proposer's witnesses were perjured,—they gave false testimony,—they did not truly report facts,—and therefore the contract was obtained by fraud!" But could they say so if they had paid the medical referee of the party? A judge and jury would at once reply, "Why, the medical referee was your own witness,—you took him out of the hands of the proposer,—you sought to make him your adviser, and you cannot now throw discredit on your own witness. The proposer's interest and yours were opposed to each other. You ought to have required from him testimony to substantiate his own allegations, and should have sought advice from medical men of your own to enable you to form a judgment on that testimony. You cannot now be heard."

It is as far from my wish as it would be beneath my character, to attempt to foist on you a puff for the life-offices, but I cannot refrain from expressing my opinion that life insurance is a system of philanthropy so highly beneficial to the public at large, that it certainly ought not to be endangered on slight grounds. The universal adoption of the rule laid down by the Leeds practitioners would either prevent insurances altogether, or would drive the directors to indemnify themselves by excessive charges for the absence of information by which at present they are enabled fairly to estimate the character and value of the risks they cover. I am your obedient servant,

G. FARREN, Resident Director.

Asylum Life-Office, 70, Cornhill.

Nov. 6, 1837.

FEES FOR MEDICAL OPINIONS FROM LIFE INSURANCE OFFICES.

DEFENCE OF THE DEMAND.

To the Editor of THE LANCET.

SIR:—Permit me to make a few observations on your article respecting the pre-

posed plan of requiring fees from life assurance companies, and on a letter from a correspondent, "J. R.," upon the same subject.

The remark you make that "these companies are formed for the purpose of carrying on a profitable trade," is a perfectly correct one; "and there can be no doubt but that on both sides there are kept in view certain expected advantages," to be derived from the effecting assurances. Dr. Sims has asked,—"Is the opinion of the assured's medical referee of any value or is it not? If it be, then to whom?" And then he assumes that it is, and "to the assurance office, certainly; consequently the office ought to pay for it." You have shown the fallacy of this assumption, but I think have erred a little on the opposite side of the question.

The medical referee is not *solely* the applicant's witness; he is, also, *always* the company's witness, and in very many cases where the company's medical officer is not applied to, the applicant's referee is the company's *only* witness. This is a reason why, in justice, they ought to pay him. And now, as to the propriety of their doing so.

Had Dr. Sims' question been "To whom is the opinion of the assured's medical referee of the greatest value?" then, I think, the answers he has given would have been quite appropriate. "The office ought to pay for it;" for I need not contend that if these companies were not ultimately the greatest gainers by the assurances made, they would not continue to effect them: if they be so, they can best afford to pay for that which renders the making assurances a matter of small risk.

I do not comprehend how "the touch of the coin from that quarter (a company) might have a bad effect on the testimony of the witness in a court of law;" but I can readily conceive that a medical witness might be told that he had, by a bribe, been induced to give false testimony respecting the condition of a patient who had paid him a fee for the testimony he had given to the company. I would not permit any one desirous of effecting an assurance to pay his medical referee for his testimony; and proof of his having done so, I would consider *prima facie* evidence of something wrong, either of misstatement or concealment.

"J. R." says that the proposed plan "will fail, because assurance companies will resist it; and, secondly, that if they adopted it, they would soon find it ruinous." If medical men would be unanimous, for once, the companies *could not* resist it, without putting an end to a trade from which they derive the greatest share of benefit; this they will scarcely be inclined to do. Secondly, if the companies be not already obtaining sufficient profit to enable them to pay for that which they require, let them demand from every person proposing to assure, a small deposit, which shall be sufficient to cover the expense of the required reference. I am, Sir, your obliged, obedient servant.

WILLIAM EALES.

103, Union-street, Southwark,
November 1, 1837.

THE CHOLERA AT LIMEHOUSE.

To the Editor of THE LANCET.

SIR:—Several paragraphs having appeared in the daily and other periodicals, contradicting the statement of the medical officers of the Stepney Union, embodied in their report, relative to the re-appearance of cholera in Limehouse, those gentlemen have been induced to forward to you, for publication in your Journal, the cases and post-mortem appearances of the bodies examined by them, considering the facts adduced in the accompanying reports will be the best reply they can make to the non-practical remarks of those persons who have denied, without due examination, that the cholera has ever yet again appeared amongst us; whilst at the same time they beg to set others right, who, like Mr. Marsden, have asserted, without sufficient proof, that the state of the public health among the lower classes at the present time is unusually good, which is quite contrary to their experience, as typhus fever has been raging, with more than usual malignity, in the eastern part, and in the suburbs in that direction of the metropolis. I have the honour, Sir, to remain your obedient servant,

CHARLES JOHNSTON.

Limehouse, Nov. 7, 1837.

CASE 1.

Ellen Green, aged seven years, of Irish extraction, living with her parents, in a miserable apartment, on the second floor of a small house, situated in Well-alley, Ropemakers' Fields, Limehouse, a low, dirty, and very confined situation. In the same room resided her parents, with two more of their children, and another Irish couple, with their only child, an infant at the breast. Altogether, the inmates of that single apartment amounted to eight individuals. The remaining rooms of the house were also tenanted by several other families, whilst immediately opposite the door was a heap of manure and filth, the joint produce of the house, and of a pigstye, which abutted upon the wall.

On the evening of the 26th of October, this girl was first attacked with vomiting and purging, attended with cramps of the

legs and thighs, and which continued all night. Between one and two the next day she was seen by Mr. Heelis (one of the surgeons to the Stepney Union, of which the parish of St. Ann's, Limehouse, forms a district), who found her lying upon a bed in a state of complete collapse. Her features were remarkable, shrunk, and contracted; eyes sunk deep into the orbits; the conjunctiva effused; lips quite blue; tongue white and cold; skin on the hands, fingers, and feet corrugated; the extremities very cold, and of a leaden hue; which was more particularly apparent in the hands, feet, and nails. Her pulse was occasionally perceptible,—the dejections similar in appearance to very thin, dirty gruel, and ran from her unconsciously. She had passed no urine from the time she was first attacked. When roused she drank a little brandy, in some boiled arrow-root, but which the stomach immediately rejected. With some difficulty she was made to swallow some 4 gr. pills of calomel, and pulv. capsici, aa gr. ij., one given every quarter of an hour. Brandy and port wine were also occasionally administered, but she gradually became worse, and expired about six the next morning, having been ill altogether about twenty-four hours.

CASE 2.

Thomas Green (father of the child Ellen Green), aged 38, an Irish labourer in the West India Docks, had had employment for the last fortnight as a lumper (a clearer of a ship's hold, after a voyage, of her lumber, ballast, &c.), was accordingly in good circumstances, comparatively speaking, as an Irish labourer. He was a stout, muscular man, and had been previously in good health. He was attacked with vomiting and purging at twelve o'clock in the forenoon, of the 27th of October, followed almost immediately with cramps in the hands, feet, and legs. Mr. Heelis saw him within an hour after he was attacked; he was then lying on the same bed with his child; his features were pinched and contracted; eyes sunk deep into the head; lips thin and blue; voice a whisper; hands shrivelled, icy cold, and clammy; no pulse at wrist; face, lips, and tongue cold; great prostration of strength; thirst excessive; but the water he drank was repeatedly rejected; his dejections were copious, of a rice-water appearance, and flocculent, passing from him whilst vomiting; had made no water since the attack. There was slight tenderness of the abdomen upon pressure. Bottles of hot water were ordered to his legs and body, and small doses of calomel and pulv. capsici given every half hour with brandy, in boiled arrow-root.

4, P.M. Cramp and vomiting less frequent; pulse perceptible after vomiting; eyes sunk in and suffused; hands and feet have never assumed a bluish tint; dejections passed unconsciously, and he breathed laboriously.

9 P.M.—Cramp and vomiting have ceased; thirst excessive; cold, clammy, perspiration over the whole surface of the body; roused with great difficulty; and he remained in this state of collapse until six o'clock the next morning, when he died, a few moments after his child breathed her last.

CASE 3.

Daniel M'Carthy, aged 30, an Irish labourer, living, with his wife and child, in the same room with Green and his family. This man was in good health and spirits at four o'clock in the afternoon of the day on which Green was attacked, upon Mr. Heelis's arrival to see whom, he assisted in clearing the room of a number of Irish women, who, by this time, had become greatly alarmed. A short time afterwards, he went to summon the Catholic priest to Green, and, on his way back, was attacked with vomiting and purging. Upon his return, he told his wife he was as bad as Green, and worse, and that he was struck with death. He was assisted up stairs, and Mr. Heelis saw him at six in the evening. He was lying in a corner of the room upon some rags, with a blanket thrown over him. He had vomited a large quantity of fluid; the dejections had also been most plentiful, and of a similar appearance to the evacuations in the former cases. He had no pulse; the expression of his countenance indicated pain and anxiety; his extremities were cold and clammy; and his hands and feet soon assumed the usual leaden hue. He was very restless, and complained greatly of thirst; he passed no urine. The vomiting and cramp ceased during the night, and every effort to rouse the sinking energies of his system was unavailing. He gradually sank into this stage of collapse, and died the next morning, just as his wife was endeavouring to place him nearer to the fire, having been ill but little more than eighteen hours.

CASE 4.

Daniel Green, aged 3 years, another child of the man Green, was attacked with vomiting and purging, about three hours after his father's death. Cramps in the legs and arms quickly succeeded; the dejections possessed the same rice-water character as the others. The same treatment was also adopted as in the other cases, and apparently with decided benefit, as reaction took place in the afternoon, and as if no evidence should be wanting of the real character of the disease, which, in little better than twenty hours, carried off three persons out of four attacked, and as if to afford to the medical officers of the Stepney Union a living proof of the correctness of their judgment, in asserting that disease to be malignant cholera, this case has presented, in all its stages towards convalescence, every

symptom of the well-known consecutive fever, so characteristic of the decline of an attack, of this fearful and justly dreaded disorder.

Body of Man examined.

External Appearance.—Features contracted; eyes sunk far into the head, giving an unusually cadaverous expression to the countenance. Upon the extremities were observed several livid patches; the hands and feet were of a grey or leaden-white colour, the nails quite blue.

Upon opening the abdomen, the omentum, and, indeed, the whole of the peritoneal covering of the intestines, was found to be in a highly congested state, the mesenteric veins being considerably increased in size, and distended with dark-coloured blood in a semi-fluid state. The peritoneum was also observed to be unusually dry, without any traces of effusion between its layers.

The stomach was empty, and of a pale-white colour, both on its external and internal surfaces; the folds of its mucous membrane were numerous, and well marked. The bowels presented, externally, the same parboiled appearance as the stomach, but, internally, considerable changes were observed to have taken place. The mucous coat, throughout the whole intestinal tube, was softer than usual, amounting almost to ramollissement of that membrane; that portion of it lining the small intestines was also studded with numerous little elevations, resembling the papilla of the tongue; and lower down, in the large intestines, the small glandulæ Bruneri were found to be considerably enlarged. The contents of the small intestines was a thin layer of inspissated mucous, lining the whole calibre of the bowel; and in the colon was found a great quantity of the rice-water, or thin gruel-like fluid, similar, in every respect, to the characteristic dejection in malignant cholera. The spleen appeared perfectly healthy, but the liver was of a much darker colour, and the blood which exuded from an incision into its substance, was viscid, and of a pitchy consistence.

The gall-bladder was about two-thirds full of a greenish-coloured fluid, but there was no trace of bile either in the stomach or intestines. The vena cava inferior contained some dark fluid blood.

The bladder was contracted, though not entirely collapsed, and contained something more than half an ounce of muco-purulent fluid, and a similar softness was observed in its mucous coat as in that of the intestines.

In the child the post-mortem appearances of the contents of the abdomen were nearly similar to those observed in the body of the man, the only difference detected being, that the external appearance of the intestines was of a slightly pinkish colour, the strawberry-appearance of the mucous coat of the bowels more apparent, and the bladder contracted and empty, something similar in appearance to a small round ball. It should be mentioned that in the small intestines of the child intus-susceptio was found to exist, nearly three inches of the superior part of the ileon being received into its lower portion, but the inclosed part presented no appearance of inflammation or congestion, and was observed to be the most healthy in appearance of any part of the the bowels.

(Signed) Robert Heelis.
Charles Johnston.
Charles Sallnow.
George Betson.
Thomas Drake.
John Birtwhistle.
John Story.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 4, 1837.

Mr. Hale Thomson, President.

POISONOUS CANDLES.—SERGEANT TALFOURD ON THE FREEDOM OF DISCUSSION IN MEDICAL SOCIETIES.

Dr. Scott, in resuming the discussion respecting poisonous candles, said, that as some members, at the last meeting, had considered that it was not legal for the Society to express an opinion on the subject, as the manufacturers might proceed against them for libel, he (Dr. S.) had procured the opinion of Mr. Sergt. Talfourd on the point. After the case had been stated to that gentleman, the following questions were proposed:—"Whether, in a legal point of view, there is any impropriety in the members of the Society referred to, discussing at their meetings the effects which the burning of candles, fabricated in the manner above described, are calculated to produce, and in publishing to the world their opinion, should it be that the burning of such candles is injurious to health, having regard to the fact that the promulgation of this opinion might possibly injure the sale of the candles. And whether any manufacturer of the article in question, whose sale thereof could be shown to have been affected, could successfully maintain any action against the members of the Society, or other persons, for publishing such opinion." The following is

Mr. Sergt. Talfourd's opinion.—"I am of opinion that, in a legal point of view, there is no impropriety in the members of the Society referred to, discussing, at their meetings, the effects which the burning of candles, fabricated in the manner above described, is calculated to produce, and in publishing to the world an opinion, if formed on the result of their experiments and knowledge, that the burning of such candles is injurious to health, although the promulgation of such opinion may injure

the sale of the candles. Assuming that the inquiry will be honestly pursued, without any personal motive to injure the trade of individuals, I think it one that men of science have a right to follow, and that they have a right to publish the result of their investigation to the world. Of course, the fact that arsenic forms an ingredient in the composition of the German wax-candles, is capable of ascertainment beyond a doubt: the assertion, therefore, may be justified in an action; and, being published without malice, can form no ground of any criminal proceeding. And, further, the fact being established, the question whether its effects are pernicious is one which men of science have a right to discuss; and, even if this opinion should be erroneous, they will be liable to no prosecution or action for publishing it,—the damage arising from such an inquiry and publication will be *damnum absque injuriâ*, and not entitle the manufacturers of the candles to any legal redress. In order to prevent the possible imputation of malicious motives, I would recommend the Society, or any member of it who may publish the result of its inquiries, not to print the names of any individual manufacturers, or vendors; to state the result of the experiments detecting arsenic simply; and to reason as to its effects with the calmness befitting scientific inquiry. If this precaution (probably quite needless) be adopted, I think no danger need be apprehended to the parties pursuing the investigation, or giving to the world its results in fact, and in reasoning, on the complaint of any one, however his profits may be affected.

"T. N. TALFOURD, Temple,
"Nov. 2, 8137."

This opinion having been read,

Mr. EVERITT stated, that in his experiments on these candles, he had been enabled to detect, unequivocally, the presence of arsenious acid.* The quantity he found was about three or four grains in a candle; but experiments might be made by which the quantity would be more accurately detected; for instance, if the fatty portion of the candle were dissolved in sulphuric ether, the arsenious acid would be precipitated, and might be collected. Mr. E. then offered, on some future evening, to make such experiments before the Society as would demonstrate the presence of the poison in question.

Mr. PHILLIPS and Mr. SNOW had succeeded in detecting arsenious acid in these lights.

Dr. GRANVILLE said that the injurious effects which followed the use of arsenic in various manufactures, as well as the wretched state of health to which the miners for this mineral were subject, left no doubt on his mind that the burning of the poison in the quantities mentioned by Mr. Everitt, would be attended with ill consequences. If the Society were satisfied that arsenic, in this form, was injurious, then it was not necessary for them to wait for evidence of the mischief it produced, but at once to pass their opinion on the matter, and not wait to ascertain the exact quantity which was necessary for the production of ulceration of the throat and other diseases.

Mr. ARPTHORP considered that until some cases were brought forward in which it was proved that the burning of these candles had produced ill effects, the Society could not express an opinion on the subject. The uniformity of symptoms which would occur in a number of persons exposed to the atmosphere in which these lights were burnt, would at once decide (if, indeed, any symptoms did occur) the question.

Dr. PEREGRINE inquired whether, by constant use, the poison might not cease to exert any influence; in the same way that medicine might be taken until it ceased to have any effect.

Dr. J. JOHNSON said the candles might be injurious, and yet we might not be able to bring forward cases in evidence. The effects of the arsenic might be at first so slow as to be scarcely visible, but would go gradually on till they became fatal. No medicine was of a more cumulative character than arsenic; he never repeated a dose of the medicine without anxiety. The difficulty of distinguishing the ill-effects of the burning of these candles, from other noxious agents that were about us, would be exceedingly great; but if we were satisfied that a poisonous mineral was in use in them, it was quite a sufficient objection to the candles.

A MEMBER stated, that it would be as absurd to deny that the constant use of lead was not injurious, because many persons used it for years without ill effects, as to suppose arsenic would lose its power by being constantly taken into the system; for, however late the ill effects of lead were in exhibiting themselves, they generally, at some period, became apparent.

Dr. BUREAUD and Mr. BEEVOR had used these candles, and never found them injurious.

Mr. CHINNOCK and Mr. CHANCE had also used them, and considered them decidedly productive of ill effects.

A committee of the Society was afterwards formed to communicate with Mr. Everitt and Mr. Phillips, who offered their services to the members to carry on the investigation. Mr. Everitt, at the meeting on Saturday, the 18th of November, will experiment before the Society.

Mr. COSTELLO, just before the rising of the Society, passed a high eulogium on the character and attainments of the late

* See last vol. of LANCET, pp. 556 and 640.

Dr. Mackintosh, and stated that several pupils of that gentleman had informed him (Mr. Costello), that they had found bleeding, in the cold stage of intermittents, most beneficial.

Dr. Scott received the thanks of many members for the trouble and expense he had incurred in obtaining the opinion of Mr. Sergt. Talfourd.

MEDICAL SOCIETY OF LONDON, NOV. 6.—The meeting this evening was held for the purpose of making certain alterations in the laws of the Society, and its proceedings were not of public interest.

RECENT PROCEEDINGS OF THE DUBLIN COLLEGE OF SURGEONS.

INTERESTS OF THE LICENTIATES.—ASSOCIATION FOR THEIR PROTECTION.

To the Editor of THE LANCET.

SIR:—It is much to be regretted, by every lover of medical science and common justice in this country, that you have withdrawn, at least apparently, all the wholesome *surveillance* which you lately held over the Irish medical institutions. That *surveillance*, be assured, afforded the only check to selfish corporate monopoly; upon it depended the only chance of public interests being attended to, and upon it hung our only hope of common justice. But, Sir, while THE LANCET has thought fit to retire from the field, the institutions in question have not been idle; nay, they have been and are more industriously employed than ever in their obscene and selfish objects. I care not for the College of Physicians, or for the more ambitious Apothecaries' Hall; let some one of their own Licentiates call them in question; there is abundant material if the will be present. But, look for a moment to the doings of the Royal College of Surgeons in Ireland, whose licence I have the misfortune to hold, and to which illiberal institution (murderous of the interests and well being of its own alumni), I, and very many who think and feel with me, have, in an evil moment, allied our fortunes and our fate.

You are pretty well aware of the acts of the Irish College up to the middle of last summer; indeed they have afforded many a text for your indignant, well-directed, and well-deserved castigations, the result of which must have been amendment, and some infusion of liberality, if there were any virtue in the managers of that institution at all; but truly, Sir, they are the most incorrigible,—nay, I will write it, "the most incomprehensible vagabonds" in the world. They seem worse now than ever they were: there they are at their dirty work again; triumphant at their success; triumphant at the withdrawal of the Irish Medical Poor-Law Bill of last Session, which they ascribe to their own power and influence; triumphant at your silence, and at the want of all public spirit in their own body, which they imagine is altogether crushed and silent, the faction seem to have thrown off even all appearance of common decency. So far from yielding to any liberal spirit, or the influence of modern public opinion, they have the folly to imagine that they have passed through the fire of public judgment, and have now open to them, by public consent, a wide and ample field wherein they are to practise for the future any piece of iniquity their corrupt and selfish jobbing may suggest.

I pass by their last expedition to London, undertaken by no less than five members, for the ostensible purpose of protecting the rights of the College (which, by-the-by, always mean the monopoly of "the faction," as you justly call them), and which expedition cost the College no less than one thousand pounds. This was hoped to be the last act of the old *regime*, and the prelude to better things, as it was notorious that there was a by-law committee constantly sitting to revise, new model, and reform all the existing rules and regulations of the College.

A great deal was justly expected from the deliberations of such a committee,—one that had sat so long, and one that had undertaken the duty of revision at such a season, when the spirit of liberality and equity was abroad,—when public attention was pointed to medical reform, and when the public voice was loud and earnest in its demand for improved legislation, and the uprooting of all partial and exclusive privileges. We juniors, certainly, anticipated that now, at length, some justice would be extended to us; that the College would bestow some consideration upon the interests of medical science in general, and upon the interests of the practice of medicine and surgery, from which the great majority of doctors and surgeons are actually excluded by the absurd and injurious regulations which are the law of the land.

Well, the Committee have made their report, and the subservient College have, of course, adopted, or rather registered, all their suggestions; and now that report is the law of the R. C. Surgeons in Ireland. And what think you, Sir, is the nature and character of these laws? Are they more equitable—more liberal? Do they take in a wider range of subject? No such thing. Quite the reverse. They are actually an exaggeration of the selfish, mean, unjust, and narrow policy that has unfortunately characterised every thing emanating from the same quarter. The interests of science and of the practice of the professions,—questions that concern every member and licen

tiate,—are just left where they were; not noticed at all, as if they were subjects the College had nothing to do with. Instead of doing a tardy act of justice to the great body of the Licentiates, who were excluded from the membership, by the probationary period of four years and the blackballing ballot, which, by its number of one-third of the whole number of voters, gives a power of exclusion to the factious and selfish minority. Instead of reducing the period of four years, which is actually at variance with the terms of the licence,—instead of abolishing the blackball minority, which is actually at variance with, and in hostility to, the terms of the charter,—these sapient and liberal legislators have further insulted and injured the great body of their brethren; they have retained the outrageous blackballing minority of one-third, and they have actually increased the period from four to five years before a licentiate can submit to this deathblow to his professional reputation. This they have done without a shadow of excuse, and at a time when the public mind was actually hot with indignation at their previous infamous injustice.

All the rest of their improved system of legislation consists of nothing else than a number of clumsy and shameless efforts to trample and bolster up the several jobbing professorships in their school, which we may presume, fairly from this, are in a tottering condition. The excellent nature of these you may guess from the two following facts, which I subjoin as a specimen. Messrs. Ellis and Alcock had been accepted as licensed teachers of surgery and anatomy in their private school in Peter-street, by the Court of Censors, who are the licensing persons on such occasions. The Apothecaries' Hall advertise to their incoming candidates, that the lectures of these Gentlemen will be received as qualifications for the Apothecaries' licence: they are forthwith disfranchised by the new and improved legislation of the College. Another splendid achievement of modern legislation, so suited to the spirit of the times, consists in the disfranchisement of the *Dublin Lying-in Hospital*, the lectures on midwifery from the master of which will no longer be received, because, it would seem, such reception tended to injure the midwifery job in the College school.

Enough has been said, I fancy, to prove that there is no amelioration among the faction, and that none is to be expected. My object, however, in penning these lines was not to enlarge on this subject, only to mention it incidentally as a justification of a proposal which I take the liberty of throwing out, and which I entreat THE LANCET will have the goodness to promulgate to my numerous professional brethren, placed in the same predicament as myself. It is evident, I think, to all reflecting persons, that none of the colleges will, at least as at present constituted, take such enlarged and enlightened views as will comprehend the interests of the great body of their respective licentiates; each college occupies itself solely with its own respective number of jobs, which concern a very limited number of persons indeed. This is peculiarly the case with the Irish College of Surgeons, the Licentiates of which are the only class of medical men who have made no attempt to vindicate and defend their own interests. There is an Association of Physicians; there is an Association of Apothecaries; each independent of, and placed on a broader basis than its respective College and Hall. But there is no Association of Licentiate Surgeons, while they are a class of persons greater in number, more deeply injured, more outrageously insulted, than any other. Now, Sir, I beg to throw out the suggestion for the formation of such a protective association. Let the Licentiates unite together; let them look to their own interests; let them vindicate their own independence; let them act for themselves, and, if need be, come before the Legislature: the College will never do anything for them. I am, Sir, your obedient servant,

A LICENTIATE.

Dublic, Oct. 27, 1837.

CHILDREN'S HOSPITAL, PARIS.

Contributions to the Pathology of Children.

By P. HENNIS GREEN, M.B.

Apoplexy in a Child eleven Years of Age; Hemiplegia of the left Side; repeated Bleeding at the onset of the Disease; Blisters to the Neck; Purgatives; sulphuretted Douches; gradual Diminution of the Paralysis; Cure nearly complete at the expiration of five Months.

CASES of genuine apoplexy occurring in children, are extremely rare. The following is one of the very few which I had occasion to observe at the *Enfans Malades*.

Brerette Louis, eleven years of age, a boy of good constitution, was brought to the hospital on the 12th of September, labouring under complete hemiplegia of the left side of the body. The following is the history of the case, as it was obtained from the persons who brought him. In infancy he had not suffered under any of the usual complaints: his arm bears some indistinct traces of vaccination; he has had the hooping-cough and measles. At the age of ten years he was, for the first time, seized with attacks of dizziness, which returned frequently for twelve months; he also had headach constantly fixed in the right side of the head. When intense, the headach

was generally accompanied by vomiting and vertigo, and, on some occasions, disturbance of the visual power. On the 12th of August, after an usual meal, while playing, the child was suddenly attacked with severe headach, vertigo, and fell suddenly to the ground, deprived of consciousness; and on being taken up, he was completely hemiplegic, and vomited a good deal; he came to himself in about half an hour; the mouth was then distinctly drawn to one side, and the articulation of sounds difficult. He was immediately bled from the arm, and, for the next few days, a great deal of blood was extracted locally by five applications of leeches behind the ears, &c.; a blister was then placed behind the neck, and kept open for some time. Under this treatment he recovered his voice, but the paralysis of the left side of the body remained undiminished. The mother of the child received such a fright during the revolution, that she became mad, and died at *Bicêtre*, but no other portion of his family had been subject to any nervous disorder.

We saw the boy, for the first time, on the 13th. He spoke intelligently of what he had suffered; the voice clear and unbroken; the mouth is drawn slightly towards the right side, especially when he laughs. The limbs on the left side of the body are completely powerless; the fingers are contracted upon the palms of the hands; the sensibility is equal on both sides of the body, but the the temperature of the paralysed limbs is somewhat less than that of those on the right side; the left pupil is natural, the right one dilated, and contracts slowly; sight is less clear on the right side. The patient does not complain of headach, but a few days back suffered from vertigo and vomiting; pulse small and slow, 64; respiration natural; no heat of skin; no pain in belly; is habitually costive: the chest was examined, but nothing abnormal found; no pulsation of the carotid or temporal arteries.

Castor-oil, one ounce. Vegetable soup.

On the 16th he complained of some headach; the pulse had risen to 96, and the face was flushed; no change in the other symptoms.

Continue castor-oil.

From the 21st to the 25th, the administration of purgatives was continued, and on the 29th the child's state was much improved; he could move the leg a little, and even walk about with the support of a person's arm.

Nothing occurred from this time up to the 8th of October, worthy of notice. On this day the boy was evidently seized with some congestion to the head; he was sick, but did not vomit; the pulse was 100, and he complained much of headach; he was immediately placed on low diet; on the next day the headach had entirely disappeared.

22nd. The boy was able to execute some slight movements with his right arm to-day. The purgative medicine has been repeated, all along, at intervals of five or six days.

Nov. 2nd. The patient was able to walk about without any assistance. He now got up in the daytime, and could take some exercise in the ward. Ordered to employ sulphuretted douches.

These were continued, without interruption, up to the 12th of January, 1834, when the patient left the hospital: he was, at that time, able to run pretty well; but the movements of the left arm were not so free, and the fingers still remained contracted.

Cerebral hemorrhage, as I have already remarked, is a very rare disease in children; indeed, we can scarcely find more than eight or nine in the annals of medicine, and, during twenty years' practice, M. Guérsent assures us that he has observed only two cases. It is necessary to distinguish cerebral hemorrhage from that affection which M. Serres has described under the name of meningeal apoplexy, and which, in my opinion, is nothing but a variety of acute meningitis. In the case which has been just detailed, the disease was evidently one of effusion into the cerebral substance. Its sudden invasion; the instantaneous occurrence of the paralysis, which acquired its highest degree of intensity, from the very outset, and then remained stationary for several months; finally, its gradual and slow disappearance; all these leave no doubt as to the nature of the disease. The march of the affection, in this case, was quite different from that of ramollissement of the brain, a lesion which one would have had cause to fear from the previous history of the case. Tubercles of the hemispheres, a lesion which so commonly presents itself at the *Enfans Malades*, never produce symptoms analogous to those detailed in the above case; besides, the child did not present any sign of tubercular diathesis.

Severe Febrile Attack; Pneumonia terminating rapidly in Gangrene; death; Gangrene of nearly the whole of the Right Lung, and Partial Softening of the Left Lung.

Louise André, 11 years of age, of weakly constitution, was brought to the hospital on the 29th of April. We learned that the child had been twelve days ill. The attack commenced with dull pains of the back and limbs; headach; vomiting for the first two days only; and loss of appetite. These symptoms continuing for three or four days, the child became so weak as to be com-

pelled to keep her bed; the fever had now become very severe; the headach persisted, with a sense of ringing in the ears; the abdomen was extremely painful; and the child, hitherto constipated, was affected with diarrhœa. The fever persisted; and during the nights of the 26th, 27th, and 28th, the delirium became so violent that the little patient fell from her bed. We forgot to mention that she bled a good deal from the nose on the 27th.

We saw the patient, for the first time, on the evening of the 29th. A fresh and very abundant discharge of blood had taken place from the nose; the child was in a state of prostration, and muttered deliriously, a good deal; the alvine discharges have been very frequent. The interne on guard ordered a small lavement, containing laudanum and extract of ratanhia.

30. This is about the 13th day of the disease. The patient lies on her back, and is excessively depressed and torpid.

Intelligence.—She has been delirious all night, but is now clear-headed, and answers correctly when spoken to, but in a very slow manner, and low tone of voice.

Sensibility.—Complains still of headach; and of ringing in the ears; can see clearly, and is not deaf.

Digestion.—The nostrils seem filled with a dusty matter, and the lips are covered with a dry crust; tongue excessively dry; abdomen painful all over the surface; but no meteorismus; does not feel any nausea; no vomiting.

Circulation.—Pulse frequent, 124; skin hot and very dry.

Respiration.—No cough; no difficulty or acceleration of the respiration. On auscultating and percussing the chest, we discover nothing abnormal.

Gum-water for drink; eight leeches over the cæcum; cold applications to the head, and sinapisms to the feet; diet.

May 1. *Intelligence.*—The child has had a paroxysm towards evening, and been so violent during the night, that she had to be tied in bed; she is now free from delirium, but is restless, and cries constantly.

Digestion.—Excessive thirst; the girl cries out every instant for drink; however, the least drop provokes instant vomiting; abdomen tumefied, and very painful on pressure, all over the surface.

Circulation.—Pulse small, rather weak, and is now at 160; skin dry and hot.

Respiration.—The breathing seems quite free; we have carefully auscultated the chest, and cannot discover the least râle. The expression of the face is very anxious; the thorax and abdomen are covered with numerous sudamina; and we observe, for the first time, three or four typhoid spots near the umbilicus.

Iced drinks.

2. *Intelligence.*—Child has become very low and dull; only answers "Yes," and "No;" and is roused with the greatest difficulty.

Digestion.—Tongue covered with a grey clammy fur; no vomiting or nausea; abdomen much less tender than it has been; less diarrhœa; less thirst.

Circulation.—Pulse small, 132; skin moist, not so hot as before.

Respiration.—32 inspirations, unequal; dry cough every now and then; the chest was not examined to-day.

Continue the iced water.

3. The vomiting has again returned, and the abdomen is again very painful upon pressure; no diarrhœa; the pulse is small, contracted, 136; skin warm; respiration is now becoming laborious—36 in the minute; coughs more frequently; the face is much altered; the sudamina are very confluent, but the typhous spots have disappeared. The symptoms exhibited to-day, gave rise to the idea of peritonitis existing; and, accordingly, mercurial frictions over the whole abdomen were ordered.

4. The nausea and vomiting have ceased; the abdomen is less painful on pressure; pulse 132, and more developed than it has been for the last few days; respiration is very quick, 44; percussion exercised on the right side of the chest produced a good deal of pain; the sound is dull, and there is a crepitant râle in the two lower thirds of the chest, posteriorly; the left side of the chest gives a normal sound.

Gum-draught; blister to the right side of the chest; lavement; mercurial frictions to abdomen.

5. Face of a purplish colour; respiration anxious, 44; pulse 140. The right parotid gland is tumefied, and very painful on pressure. The child is now quite free from delirium; no nausea; no vomiting; tongue much cleaner, and red; no diarrhœa for the last few days; the child, on the contrary, is constipated, and passes a few scybalæ after each lavement. Râle crepitant all over the right side of the chest, mixed with souffle, near the summit of the lung. The sound is dull; no pulmonary expansion on this side.

Gum-draught; emollient julep; lavement, mercur. frictions to abdomen.

6. The child lies uneasily in bed; pulse has risen to 144, and inspirations to 52; dull sound all over the right side of the chest, with souffle tubaire above; on the left side a mixture of sub-crepitant and sibilant râles.

Contin. remedies.

7. Child has vomited again; she is in a state of excessive anxiety; coughs incessantly; orthopnea; pulse about 160, counted with difficulty; respiration 60; no expectoration.

Contin. remedies.

8. No change; the dyspnœa and cough persist; when the patient is asked to point out the seat of her suffering, she indicates the abdomen. She can take in a full inspiration without feeling any pain in the right side of the chest, which continues to furnish a perfectly dull sound all over, and a souffle tubaire. Amongst the various symptoms which this child presents, or has presented, those of pneumonia are, then, the most evident.

Contin. remedies.

9. Face of a dull leaden colour, and expressive; cavity of mouth and lips dry; breath very fœtid; cough frequent, though without expectoration; breathing excessively difficult, as before; inspiration 60 a minute; pulse small, 154. Some dullness and souffle in right side of the chest; on the left side some râle crepitant. She has again vomited. No diarrhœa; no tumefaction of the abdomen, which is now completely free from pain; no delirium, or disturbance of the intellectual faculties, for the last four or five days.

Suspend the mercur. frictions; continue the other remedies.

10 and 11. The fœtidity of the breath continues unabated, and the child is gradually sinking. Frequent cough, without expectoration; dyspnœa so intense as to threaten suffocation; vomiting during the 10th and 11th. The attending physician ordered wine, without any hope of its availing, and lavements, containing quinine. The child died shortly after the visit of the 11th, without convulsions, and conserving her intellectual faculties to the very last.

Necropsy twenty-three hours after death.

External appearance.—General emaciation; the rigidity is very strongly marked; no marks of putrefaction externally.

Cranium.—The vessels of the pia mater are but moderately injected. At the base of the brain we find about an ounce and a half of transparent fluid, and about a teaspoonful of similar fluid in each ventricle. No marks of inflammation of the membranes; no adhesion of the latter to the cerebral substance. The sections of the brain have a moist look, but no softening of any part, nor, indeed, any other abnormal appearance.

Chest.—The larynx, trachea, and right bronchia are lined with a layer of viscid, greyish matter, adhering to their surfaces, and exhaling a gangrenous odour. The subjacent mucous membrane does not present any lesion in the larynx and trachea, but in the bronchial tubes it is of a livid colour. The right bronchial ganglia are most of them tumefied, red, and softened,—those on the left side are normal; no tubercular matter in either. The external surface of the right lung presents a blackish, grey colour, in the midst of which may be distinguished two or three patches of a dirty white; on touching one of the latter we can distinguish an evident fluctuation. The three lobes are adherent to each other,—there are, also, some slight recent adhesions between the lung and chest. On dividing the right lung it presents throughout a dark grey appearance; it is extremely friable, and exhales throughout a gangrenous smell. The posterior three-fourths of the middle lobe are in a state of splenization; the anterior fourth is gangrenous. The superior lobe presents the same slate-coloured appearance as the inferior one; its tissue is reduced at several points to a kind of jelly, which is carried away by a small stream of water, leaving an excavation behind,—the parietes of the latter are of a grey colour, and very friable. The left lung is free from adherence; it is permeable to the air for some extent; but the posterior part of both lobes exhibits, in consistency and colour, the appearance of a spleen in an incipient stage of softening,—the parts sink rapidly in water, but give out no gangrenous smell. Pericardium, heart, and great vessels normal.

Abdomen.—No effusion in its cavity. The stomach contains about two ounces of greenish fluid, similar to that thrown up by vomiting; it is not injected or softened. The duodenum and jejunum are strongly coloured with bile; the mucous membrane appears normal. The ileum is pale, and offers here and there some enlarged patches of arborized injection. No tumefaction or ulceration of the mucous follicles.

The other organs were perfectly healthy.

BRITISH MEDICAL ASSOCIATION.

It was erroneously announced in our last Number, that the next meeting of the Council of this Association would be held on Tuesday, the 7th of November. We now correct the mistake, by stating, that the next meeting of the Council will take place at Exeter Hall, on Tuesday next, the 14th inst., at seven o'clock.

TO CORRESPONDENTS.

The letter of *Mr. Wood* has been received, and shall be published in whole, or in part, next week; but it is the last controversial communication on mesmerism which we shall insert.

The letter of *Delta* has been received.

Mr. Jeaffreson's case shall appear in an early Number.

We thank *Mr. Denham* for the communication relative to medical clubs.

The letter of *A Pupil*, on clinical disappointments at *Guy's Hospital*, has been received.

Baron Alibert, Professor of Materia Medica at the Faculty of Medicine, and author of a well-known treatise on diseases of the skin, died last week at Paris.